

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	01/04/2020 17:51
Date Of Accident	24/01/2020 08:00
Exact Location Of Accident	BLK 113 MCNAIR ROAD MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU1513C
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Insured/Policyholder

Name Of Registered Owner	LAU WEE KIANG, EUGENE (LIU WEIQIANG, EUGENE)
NRIC No	SXXXX329Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92344829
Alternative Phone No	OTHERS-92344829

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0003150_01
Cover Note Number	

Driver

Name of Driver	LAU WEE KIANG, EUGENE (LIU WEIQIANG, EUGENE)
NRIC No	SXXXX329Z
Date Of Birth	17/02/1984
Occupation	INDOOR
Date Of Driving Pass	30/12/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92344829
Fax Number	
Contact Number	OTHERS-92344829
EEmail Address	NOEMAIL

Address	BLK 113A MCNAIR ROAD #23-284
Postcode	323113
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20200125/7000

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN1486K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

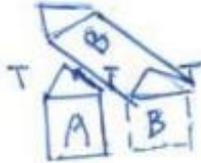


Reporting Centre Person's Signature
Name: _____
NRIC/PIN No.: _____

Accident Sketch Plan

BIK 113 MCHAIR ROAD (MSCP)

Veh A : SBU 1513C
Veh B : SJN 1468K



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report A/20200125/7000

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRK/FIN No.:

02/04/2020
Jeri. L. ...

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20200125/7000

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POLICE REPORT (NP299)

Report No. A/20200125/7000

Police Station Of Origin
Central Division HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 25/01/2020 01:28	Vide Report No.	Station Diary No.
Name Of Informant LAU WEE KIANG, EUGENE	Address APT BLK 113A MCNAIR ROAD #23-284 SINGAPORE 322113	
ID Type / ID No. NRIC NO / S8404329Z	Contact No. Home/Office:	Mobile: 92344829
Nationality SINGAPORE CITIZEN	Email Address ewklau@gmail.com	
Occupation ARCHITECT	Sex Male	Age 35
Institution/School Name	Date of Birth 17/02/1984	Race Chinese
Date/Time Of Incident 24/01/2020 08:05 - 24/01/2020 23:00	Location Of Incident APT BLK 113A MCNAIR ROAD #23-284 SINGAPORE 322113	

Brief details.

I was on my way to work and walking to my vehicle parked on the 1st storey of Mcnair Towers multi-storey car park when I realised the lower right bumper of my car was badly scratched by white paint. I promptly downloaded all the video footages of my car dash cam and went through them and realised that the car that scratched my vehicle was a white car parked on my right and had went against the flow of traffic by turning left to exit the gantry. Unfortunately due to the low lighting conditions I could hardly make out the vehicle number but the time stamp on the footage was about 803am when it exited the gantry and

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2020 01:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20200125/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200125/7000

from the footage I could make out that it should be a male driver. I hope that the police, along with HDB, can assist to extract the records of the car that left the car park and track the owner of the car to pay for the damage he had done to my vehicle on the eve of Chinese New Year.

I have uploaded the video on Google Drive and can be viewed / downloaded here:

<https://drive.google.com/open?id=13m6e--eCXFAKFZbQ6bktyaZmzpPtUIZ9>

Please let me know if you would like to pass the clip to you in a thumb drive.

Subjects Involved			
Victim			
Person Name	LAU WEE KIANG, EUGENE		
ID Type	NRIC NO	ID No	S8404329Z
Gender	Male	Age	35
Race	Chinese	Language	English
Occupation	ARCHITECT	Address Type	
Address	APT BLK 113A MCNAIR ROAD #23-284 SINGAPORE 322113	Mobile No	92344829
Is Informant A Victim?	Yes		
Person Name	LAU WEE KIANG, EUGENE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2020 01:28
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

