

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	22/02/2020 11:11
Date Of Accident	21/02/2020 17:30
Exact Location Of Accident	NUH MEDICAL CENTRE CARPARK LEVEL 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5775H
Insured/Policyholder	
Name Of Registered Owner	YEO WEN HUI
NRIC No	
Email Address	WENHUI_JIMMY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97974866
Alternative Phone No	OTHERS-97974866

Vehicle Particulars

Manufacturer	KIA
Model	CARENS-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	DOC APPOINTMENT
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P 90437911 DMA
Cover Note Number	

Driver

Name of Driver	YEO WEN HUI
NRIC No	
Date Of Birth	30/08/1982
Occupation	INDOOR
Date Of Driving Pass	12/05/2005
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-97974866
Fax Number	
Contact Number	OTHERS-97974866
Email Address	WENHUI_JIMMY@YAHOO.COM.SG

Address	BLK 457 SEGAR ROAD #12-135
Postcode	670457
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	COLLIDED INTO PARKED VEHICLE
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD8577J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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 claims 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: 22/2/20

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20200221/2176

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 Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8928999



T/20200221/2178

1 of 3

Report No. T/20200221/2178

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2020 20:44		Vide Report No.:		Station Diary No.: 159
Informant's Particulars				
Name of Informant: YEO WEN HUI		Address: APT BLK 457 SEGAR ROAD #12-135 SINGAPORE 670457		
ID Type / ID No.:		Contact No.:		
NRIC NO. [REDACTED]		Home/Office: Mobile: 97974866		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 37	Date of Birth: 30/08/1982	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: BANKER		Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/02/2020 17:30	Type of Location: Car Park
Location: Along Road 1 LOWER KENT RIDGE ROAD			
National University Hospital, Medical Centre Block, Level 8 Carpark (multi-storey), lot no 854			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKX5775H	Car	KIA	CARENS 2.0(A) GDI	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKX5775H	MSIG INSURANCE (SINGAPORE) PTE. LTD.	90437911	18/12/2019	17/12/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200221/2176

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20200221/2176

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	YEO WEN HUI	ID No.	[REDACTED]
Related Vehicle	SKX5775H (Car)	Contact No.	97974866
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 21st Feb 2020 at about 9.00am, I parked my car bearing registration number: SKX5775H at National University Hospital, Medical Centre Block, Level 6 Carpark (multi-storey), lot no 654. After securing the car, I, together with my wife, left for our son's medical appointment at the hospital. On the same day, at about 5.30pm, we returned to our vehicle only to discover that there is damage on the front right portion of the car. There are scratches as well as a big dent discovered at the right portion of the car. There was no note left at my car. However I have an in car CCTV that managed to capture a yellow Citicab taxi, which registration number is slightly unclear, reversing in and out several times before moving off. I suspect that this is the car that had hit onto my car. From the video, I can make out the following letters of the number plate, SHD8577. I have approached the security officer who has a video footage of what has happened at the multi-storey carpark. This is the first time such incident has happened.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999



T/20200221/2178

3 of 3

Report No. T/20200221/2178

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474886 stating the report number as reference.

Signature Of Officer Recording The Report

J /
Insp SALLEH BIN OMAR

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
21/02/2020 20:44

Officer In Charge Of Case:

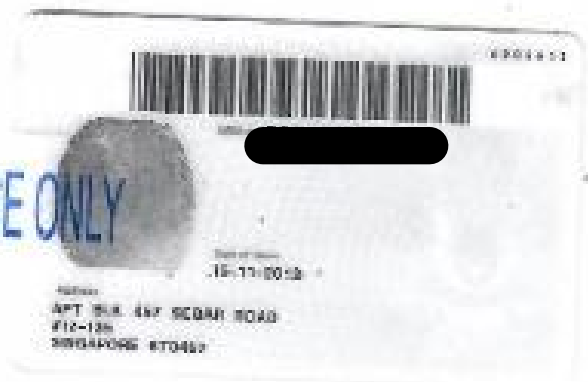
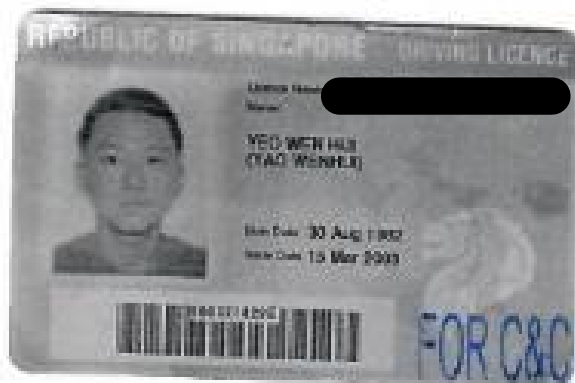
TP / HRT /
Insp GOH GEOK LYE
Contact No. 65478148

Classification Of Case:

Authentication Stamp
NP158

SIGNATURE

Identification Card





SINGAPORE
POLICE FORCE

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 0000
Fax +65 6547 4883
www.police.gov.sg

Our Ref : TP/IP/12567/2020
Date : 6 May 2020

Yeo Wen Hui
Blk 457 Segar Road
#12-135
Singapore 670457

Dear Sir / Madam,

**TRAFFIC ACCIDENT INVOLVING SKX5775H AND SHD8577J ALONG LOWER KENT
RIDGE ROAD ON 21/02/2020 AT ABOUT 1730 HRS**

I refer to the above accident.

1. Please be informed that we have completed our investigations which revealed that the driver of SHD8577J had committed the following offences:

- (i) Careless driving under Sec 65(1)(a) of the RTA Cap 276 P/U Sec 65(5)(a) of the RTA;
- (ii) Failing to exchange particulars after an accident under Section 84(1) of the Road Traffic Act Chapter 276;
- (iii) Failing to report an accident within 24 Hours under Section 84(2) of the Road Traffic Act Chapter 276.

Action has been initiated against the driver for the said offences.

2. If you have any clarification, you may contact the Investigation Officer, INSP Pamela at office number: 6547 6148.

3. Thank you.

Yours faithfully,

**HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE**

This is a computer-generated letter. No signature is required.

A FORCE FOR THE NATION