

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	09/09/2020 12:59
Date Of Accident	08/09/2020 08:15
Exact Location Of Accident	LANGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1080R
Insured/Policyholder	
Name Of Registered Owner	HAN LIH KWONG
NRIC No	S7714310F
Email Address	LIHKWONGHAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90171977
Alternative Phone No	OFFICE-90171977
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA-1.5 CVT STD (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING OUTSIDE OUR HOUSE
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP312743
Cover Note Number	

Driver

Name of Driver	LIM KAH WEI, GRACE
NRIC No	S7706477Z
Date Of Birth	11/03/1977
Occupation	INDOOR
Date Of Driving Pass	26/11/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98150196
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	7 LANGE ROAD
Postcode	547975
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 08/09/2020, MY FAMILY HAD PARKED OUR CAR (SKV1080R) OUTSIDE OUR HOME AT 7 LANGE ROAD AT ABOUT 2030HRS. THE NEXT DAY ON 09/09/2020 AT ABOUT 0815HRS, I HAD WENT TO MY VEHICLE TO DISCOVER THAT A NOTE HAD BEEN ATTACHED TO MY VEHICLE STATING "YOUR CAR WAS HIT BY A CAR WITH PLATE NO. SHA3107G YOUR FRONT-RIGHT MIRROR IS BROKEN". I THUS DISCOVERED THAT THE FRONT RIGHT MIRROR OF MY VEHICLE WAS INDEED DAMAGED. I DO HAVE AN IN-CAR CAMERA INSTALLED IN MY VEHICLE, HOWEVER I AM UNSURE OF IF IT WAS RECORDING THROUGHOUT THE NIGHT.

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	SHA3107G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

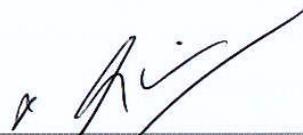
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5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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)**

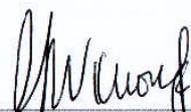
I understand, acknowledge, agree and consent that:

- (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 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:



Driver's Signature
(If driver is not the policyholder)
Date & Time: 09.09.2020



Reporting Centre Personnel's Signature
Name: Khong Shi Jie
NRIC/FIN No.: 8922346F



**SINGAPORE
POLICE FORCE**



T/20200909/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20200909/2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/09/2020 12:09	Vide Report No.:	Station Diary No.: 33
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Informant's Particulars			
Name of Informant: LIM KAH WEI, GRACE		Address: 7 LANGE ROAD SINGAPORE 547975	
ID Type / ID No.: NRIC NO / S7706477Z		Contact No.: Home/Office: Mobile: 98150196	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 43	Date of Birth: 11/03/1977	Type of Informant: Witness
Race: Chinese		Language: English	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/09/2020 08:15	Type of Location: Straight Road	
Location: LANGE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
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
SHA3107G	Car					0
SKV1080R	Car	TOYOTA	SIENTA 1.5 CVT STD	Brown	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20200909/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

2 of 3
Report No. T/20200909/2030

CONTINUATION OF REPORT

Brief Details.

On 08/09/2020, my family had parked our car(SKV1080R) outside our home at 7 Lange Road at about 2030hrs. The next day on 09/09/2020 at about 0815hrs, I had went to my vehicle to discover that a note had been attached to my vehicle stating "Your car was hit by a car with plate no. SHA3107G your Front-right mirror is broken". I thus discovered that the front right mirror of my vehicle was indeed damaged. I do have an in-car camera installed in my vehicle, however I am unsure of if it was recording throughout the night. I am lodging this report for police follow up actions.



**SINGAPORE
POLICE FORCE**



T/20200909/2030

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

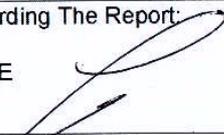
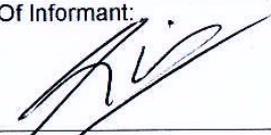
3 of 3
Report No. T/20200909/2030

CONTINUATION OF REPORT

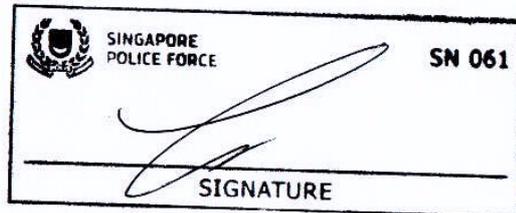
Sketch Plan

Informant is not able to provide sketch plan

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 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 LEE QI, THEODORE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable 	Date/Time: 09/09/2020 12:09
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:

Authentication Stamp
NP168





Your car was hit by a
car with plate no. SHH 3107 G
Your Front-Right Mirror is broken.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MAUA20077979 Vehicle Registration No: SKV1080R
Name(as shown in NRIC) : HAN LIH KWONG NRIC/FIN/Passport No : S7714310F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 7 LANGE ROAD Singapore(547975)
Contact (Tel) : Mobile No. : 90171977
Email Address : LIHKWONGHAN@gmail.com
Date of Accident : 09.09.2020 Time of Accident : 08.15
Place of Accident : LANGE ROAD
Insurance Company: HL ASSURANCE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend accident date from 09.09.2020 to 08.09.2020.
[Multiple blank lines for additional amendments]

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kwong ShiJie
NRIC/FIN No.:
Date: 26.11.2020