### 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 witholding 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	16/11/2020 19:36
Date Of Accident	09/11/2020 17:30
Exact Location Of Accident	FAIRWAYS DRIVE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP3863T
Insured/Policyholder	
Name Of Registered Owner	CHAN LAI PING CYNTHIA
NRIC No	SXXXX304B
Email Address	CYNTHIA@CHAMPIONSGOLF.COM.SG
Mobile Phone No	(LOCAL) +65-96363994
Alternative Phone No	OTHERS-96363994
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT (A)
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ20-006636
Cover Note Number	
Driver	

CHAN LAI PING CYNTHIA Name of Driver

NRIC No SXXXX304B 08/10/1961 Date Of Birth Occupation **INDOOR Date Of Driving Pass** 02/09/1992

**Driving Experience** 28 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96363994

Fax Number

Contact Number OTHERS-96363994

**EMail Address** CYNTHIA@CHAMPIONSGOLF.COM.SG

10A SIXTH AVENUE Address

Postcode 275761

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

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name **BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE** 

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20201110/2035

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGZ8775A

Vehicle Make/Model/Colour MERCEDEZ BENZ

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

### SKETCH PLAN

### **IMPORTANT NOTICE**

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 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.
- 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:
  - 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:

Reporting Centre P

Name:

NRIC/FIN No.

## **Accident Sketch Plan**

KETCH PLAN FOIL	RWAYS DRIVE OPE	EN SPACE OF	epher	
		×	7	
		(8)	7 2 2	
			100	→ 딱.
				A. SMP38637
				B: SG78775
SCRIBE CIRCUMSTAN	NCES OF THE ACCIDENT			
Refer to P	olice Report No .: T	20201110 2035		
	1			
			V-12	
ECLARATION				
	particulars are true in every re	spect.		/ .
dhe	()	1000	/	11/
LIMU,	4	700	mer 1	6/11/2019
olicyholder's Signature	Driver's Signature			Personnel's/signature
ite & Time:	(If driver is not the Date & Time:	policyholder)	Name: NRIC/FIN No.:	Della /

GIARMC SketchPlanForm\_V3





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

1 of 4 Report No. T/20201110/2035

# REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 0/11/2020 11:54		Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars	AND THE REAL PROPERTY.	The state of the s	
	Informant		Address: 10A SIXTH AVENUE SINGAPORE 275761		
ID Type / ID No.: NRIC NO / S1460304B		Contact No.: Home/Office:	Mobile: 96363994		
Nationality: SINGAPORE CITIZEN		Email: CYNTHIA@CHAMPIONSGOLF.COM.SG			
Sex: Female	Age: 59	Date of Birth: 08/10/1961	Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:		
Occupation: OPERATION MANAGER		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/11/2020 17:30	Type of Location Car Park
Location: FAIRWAYS D Weather: Clear	DRIVE	Road Surface:	1	Road Speed Limit:
Traffic Flow:		Traffic Control:		
One Way		Not Controlled	11	NO I raffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SGZ6775A (Not Accurate)	Car	MERCEDES BENZ		Silver		0
SMP3863T	Car	HONDA	SHUTTLE 1.5G CVT	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP3863T	EQ INSURANCE COMPANY LTD.	DMPPHQ20- 006636	24/09/2020	23/09/2021

#### POLICE REPORT



T/20011102005

Police Station Of Origin; Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

2 of 4 Report No. T/20201110/2035

#### CONTINUATION OF REPORT

Details of Perso	The second secon	2017 1905	2000年后	Service person	1911 (191)	THE THERE HARDSTERSTER TO
Any Pedestrian I						
No. of Pedestrian	s Injured: NIL		Use of Pedestrian Crossing: NA			
Driver		Sec. 150.30	G. 1977 (444 15)	- Carry	2000	PRODUCTION OF THE
Name	CHAN LAI PING CYNTHIA			ID No		S1460304B
Related Vehicle	SMP3863T (Car)			Conta	ct No.	96363994
Hospital/Clinic	NIL			Class Drivin Licens Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di				NIL	
The state of the s		NIL	Degree of			

#### Brief Details.

On 09/11/2020 at around 1000hrs, I arrived at Green Fairways Golf Course and Driving Range in my vehicle with the registration plate no. SMP3863T, for work. I then proceeded to park my said vehicle at the open space car park, with a green bin on my right, and a vehicle on the left.

On the same day between 1730hrs to 1745hrs, I was in the office. Subsequently, I found out that a male customer entered the golf store situated about 20m away from my office and had approached my manager. Their details as follows:

a) My manager Mr Jason Teo 8188 2813 b) Male customer Mr Georges Wickler 9725 9536 Wickler.g@gmail.com

Mr Georges Wickler had actually witnessed a hit and run accident at the open space car park. He further informed that around 1730hrs, he was at his vehicle which was parked a few metres away and heard a loud bang. He got a shock and turned around. He witnessed a vehicle which was parked in front of mine, had reversed and its rear had collided onto the front of my vehicle. However, the vehicle did not stop at all and drove off. No note was left at the vehicle:

Details of the said vehicle:

a) SGZ6775A or SGZ8775A (unsure of exact registration plate no.)

Mercedes Benz

Silver

Believed to be E250 model

Driven by a tall male chinese or indian man, unsure if there was any other passenger Had damage

My manager and Mr Geoges Wickler had inspected the damage and it was later revealed that the vehicle actually belongs to me.

The damages include:

### POLICE REPORT



T/20201110/2035

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

3 of 4 Report No. T/20201110/2035

CONTINUATION OF REPORT

- a) Front bumper dented
- b) Scratches, paint peeled
- c) Metal grill broke

I wish to state that my vehicle does not have any in-car camera at all. I do not know if there are any CCTV at the vicinity which captured the said accident. I was also informed by my managing director (Mr Matthew Murray, 9833 0649) that between 1700hrs to 1730hrs onwards, he was having a drink at a nearby Thai Restaurant and he saw a group of local chinese man having some drinks at the same restaurant. The group then left approximately about 10mins before the accident. However, he is unsure if the hit and run vehicle belongs to one of them. I had also approached the Thai Restaurant manager to run a check on the available CCTVs.

I do not know how much the said damage will cost. I had informed my insurance company about the accident as well.

I am lodging this report as my insurance company had advised me to do so and for the police officers to investigate.

GAPDR:

STEMATOR

## **POLICE REPORT**





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999 4 of 4 Report No. T/20201110/2035

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 R E / Sgt 2 JANELL SENG WEI XUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2020 11:54
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:  SINGAPORE POLICE FORCE  065
Authentication Stamp NP168	SIGNATURE

















