

## 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 Submission .....	04/05/2022 16:25 (SGT)
Date of Accident .....	01/05/2022 16:50 (SGT)
Exact Location of Accident .....	Beatty Ln, Singapore
Additional Location Information .....	BEATTY LANE SINGAPORE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SFA66J
-----------------------------------	--------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIM LEE ANG MRS NG WANG HENG
NRIC No .....	SXXXX398B
Email Address .....	COBIN@LECO.COM.SG
Mobile Phone No .....	(Phone) +65-96710210
Alternative Phone No .....	+65-96710210

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	M3
Variant .....	B.M.W. / M3 SEDAN AT ABS D /AIRBAG 2WD LED NAV HUD
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2979

#### INSURANCE COMPANY

Name of Insurance Company .....	QBE Insurance (Singapore) Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	2021-V0025975-MVA-R001
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	COBIN NG YONG TENG (COBIN HUANG YONG TENG)
NRIC No .....	SXXXX911G

Date Of Birth .....	25/12/1980
Occupation .....	Indoor
Date Of Driving Pass .....	15/06/1999
Driving experience .....	22 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96710210
Alt. Phone Number .....	-
Email Address .....	COBIN@LECO.COM.SG
Address .....	66 TAMPINES ROAD
Address complement .....	-
Postcode .....	535091
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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 .....	SMY9125D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	ECICS Limited
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****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 willful 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. 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 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

A-SFA66J  
B-SMY9125D

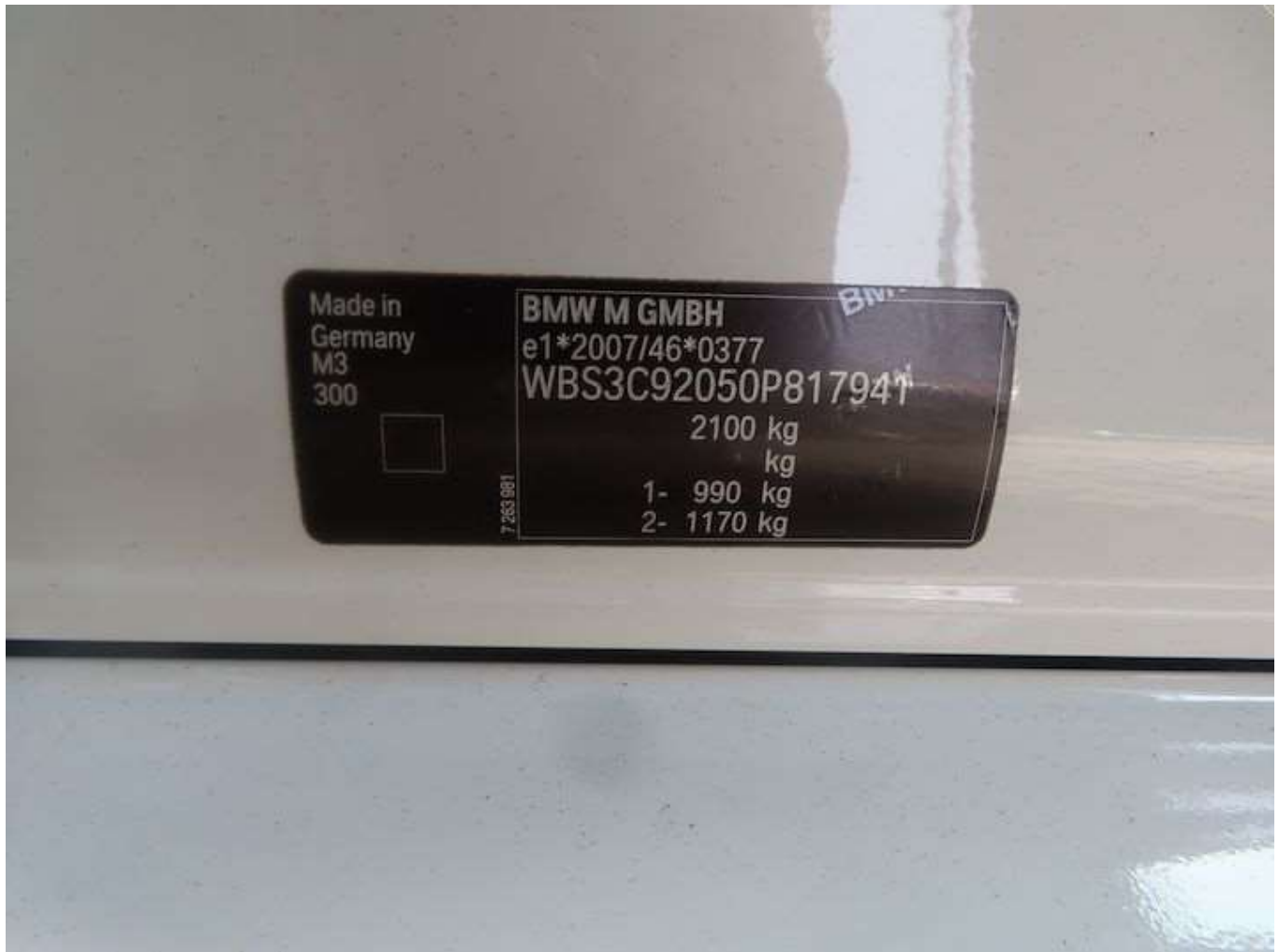
REFER TO POLICE REPORT.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Witnessed by Reporting Centre  
Personnel





























**SINGAPORE  
POLICE FORCE**



A/20220501/7016

1 of 2

**POLICE REPORT (NP299)**

Report No. A/20220501/7016

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 01/05/2022 18:47	Vide Report No.	Station Diary No.
Name Of Informant COBIN NG YONG TENG	Address 66 TAMPINES ROAD SINGAPORE 535091	
ID Type / ID No. NRIC NO / S8040911G	Contact No. Home/Office:	Mobile: 96710210
Nationality SINGAPORE CITIZEN	Email Address cobin@leco.com.sg	
Occupation Management executive	Sex Male	Age 41
Institution/School Name	Date of Birth 25/12/1980	Race Chinese
Date/Time Of Incident 01/05/2022 16:50 - 01/05/2022 16:50	Location Of Incident BEATTY LANE	

**Brief details.**

I was parked by the road side lots. And a Volvo SMY9125D hit my driver side mirror.

Subjects Involved			
Suspect			
Person Name	SMY9125D		
ID Type	OTHERS / Vehicle number	ID No	SMY9125D
Gender	Unknown		
Victim			

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: 01/05/2022 18:47
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



A/20220501/7016

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20220501/7016

Person Name	COBIN NG YONG TENG		
ID Type	NRIC NO	ID No	S8040911G
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Management executive	Address	66 TAMPINES ROAD SINGAPORE 535091
Mobile No	96710210	Is Informant A Victim?	Yes
Person Name	COBIN NG YONG TENG (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: 01/05/2022 18:47
Officer In-Charge Of Case:	Classification Of Case: