

# 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 Actual 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 .....	03/03/2023 16:58 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	05/02/2023 17:17 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Blk 424-427 Hougang Avenue 6
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD1430R
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	Luna Concept Pte Ltd
Company Reg No .....	2XXXXX031Z
Email Address .....	maverick@fourseasons.com.sg
Mobile Phone No .....	(Phone) +65-83496135
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv350
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2488

### INSURANCE COMPANY

Name of Insurance Company .....	EQ Insurance Company Ltd
Policy Number / Cover Note Number .....	DMCPHQ22-002071

### DRIVER

Name of Driver .....	Kyaw Zaw Lwin
Passport No/FIN .....	GXXXX252R
Date Of Birth .....	19/08/1987
Occupation .....	Outdoor

Date Of Driving Pass .....	09/01/2020
Driving experience .....	3 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-83496135
Alt. Phone Number .....	-
Email Address .....	maverick@fourseasons.com.sg
Address .....	Blk 314 Ubi Avenue 1
Address complement .....	#03-324
Postcode .....	400314
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Raining
Road Surface .....	Wet

#### 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report No. T/20230222/2040

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLP4956P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

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

**SKETCH PLAN****IMPORTANT NOTICE**

VEHICLE NO:  
DATE OF ACCIDENT:

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. 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

 0310312023  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Blk 424-427 Hougang Avenue 6

A = GBD 1430R  
B = SLP 4956 P





**Describe Circumstances of the Accident**

VEHICLE NO: GBD 1430 R

DATE OF ACCIDENT: 05/02/2023

Please refer to police report  
There is No injury.

**Declaration** NOTE: DO NOT NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

Policyholder's Signature / Date & Time

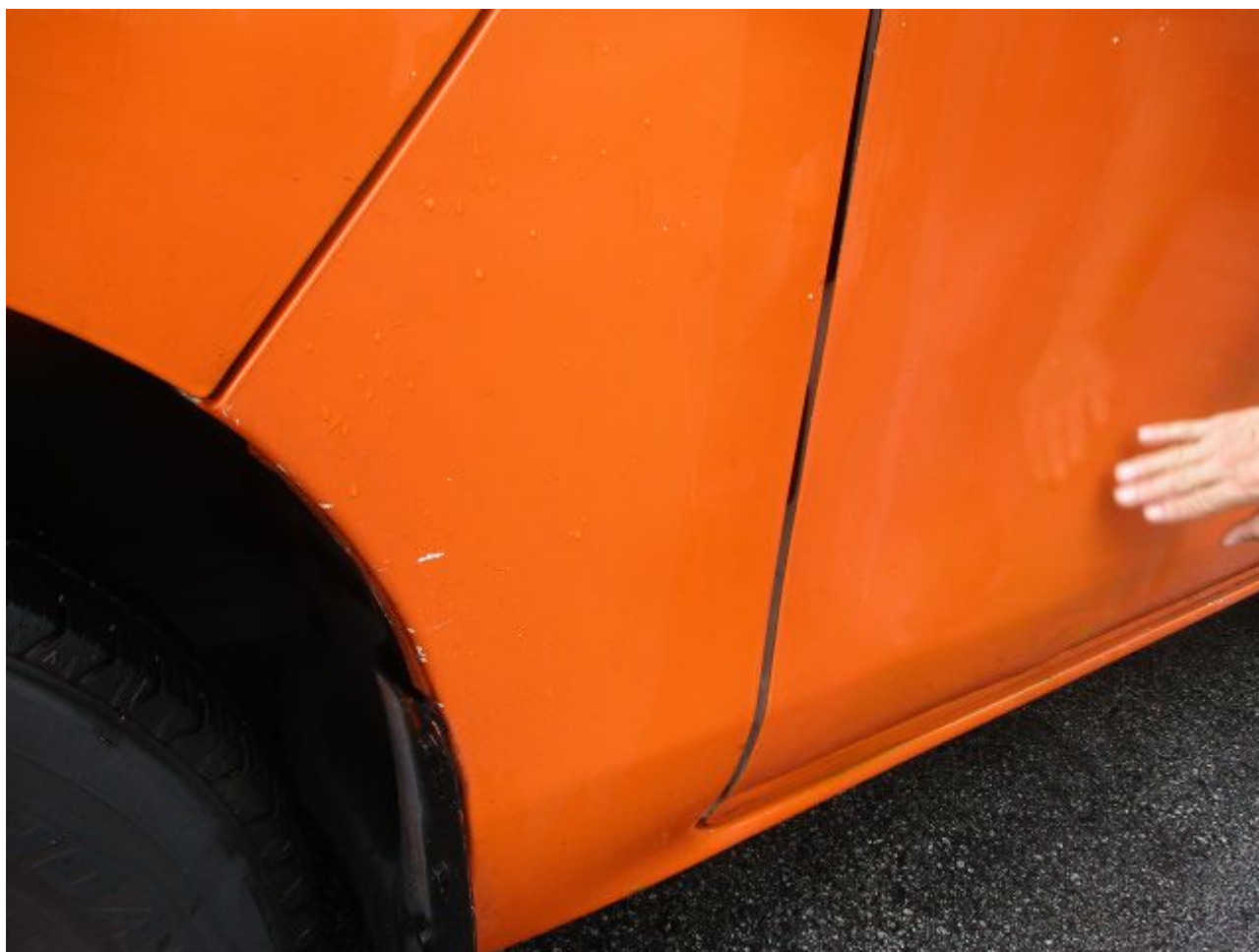
X  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel



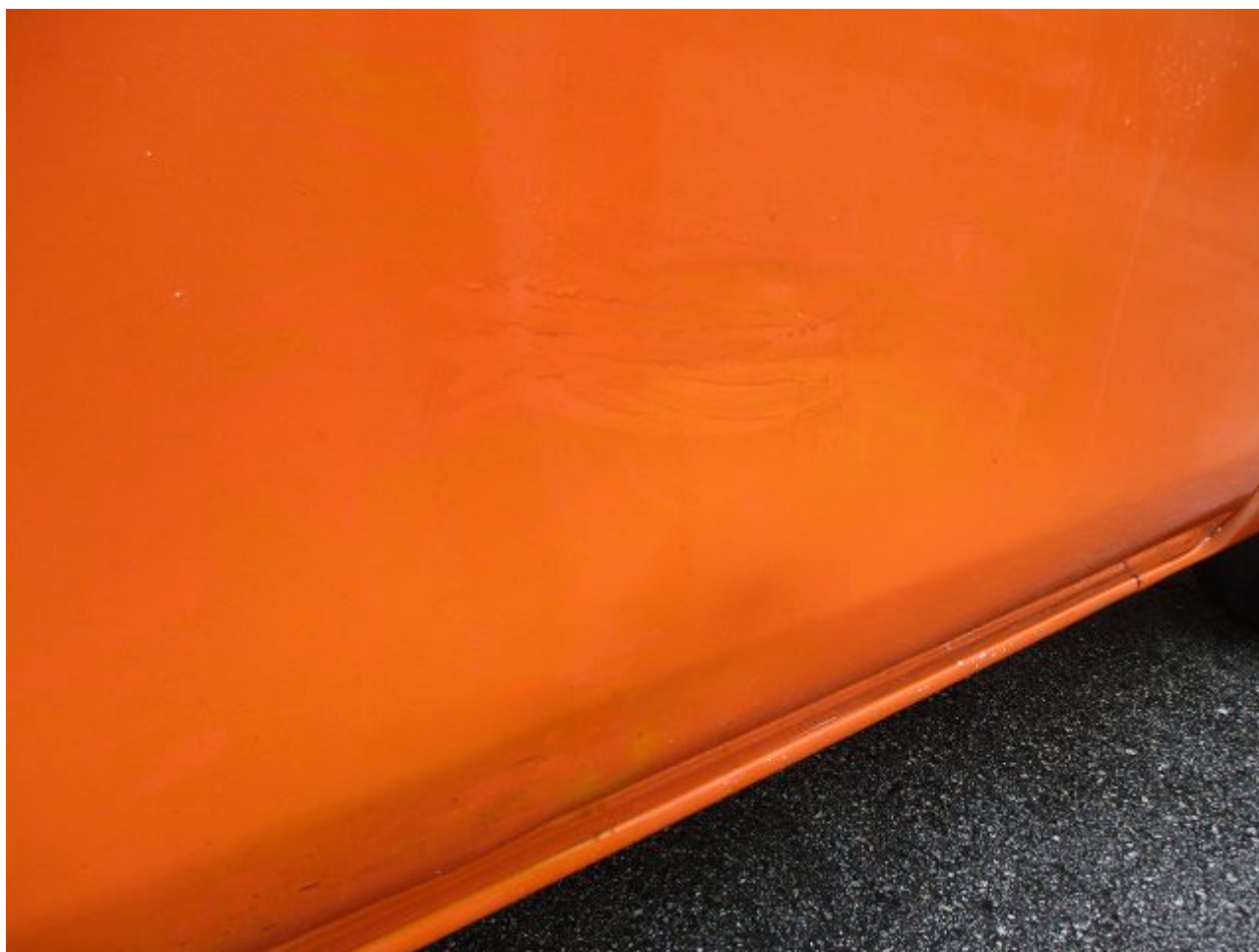




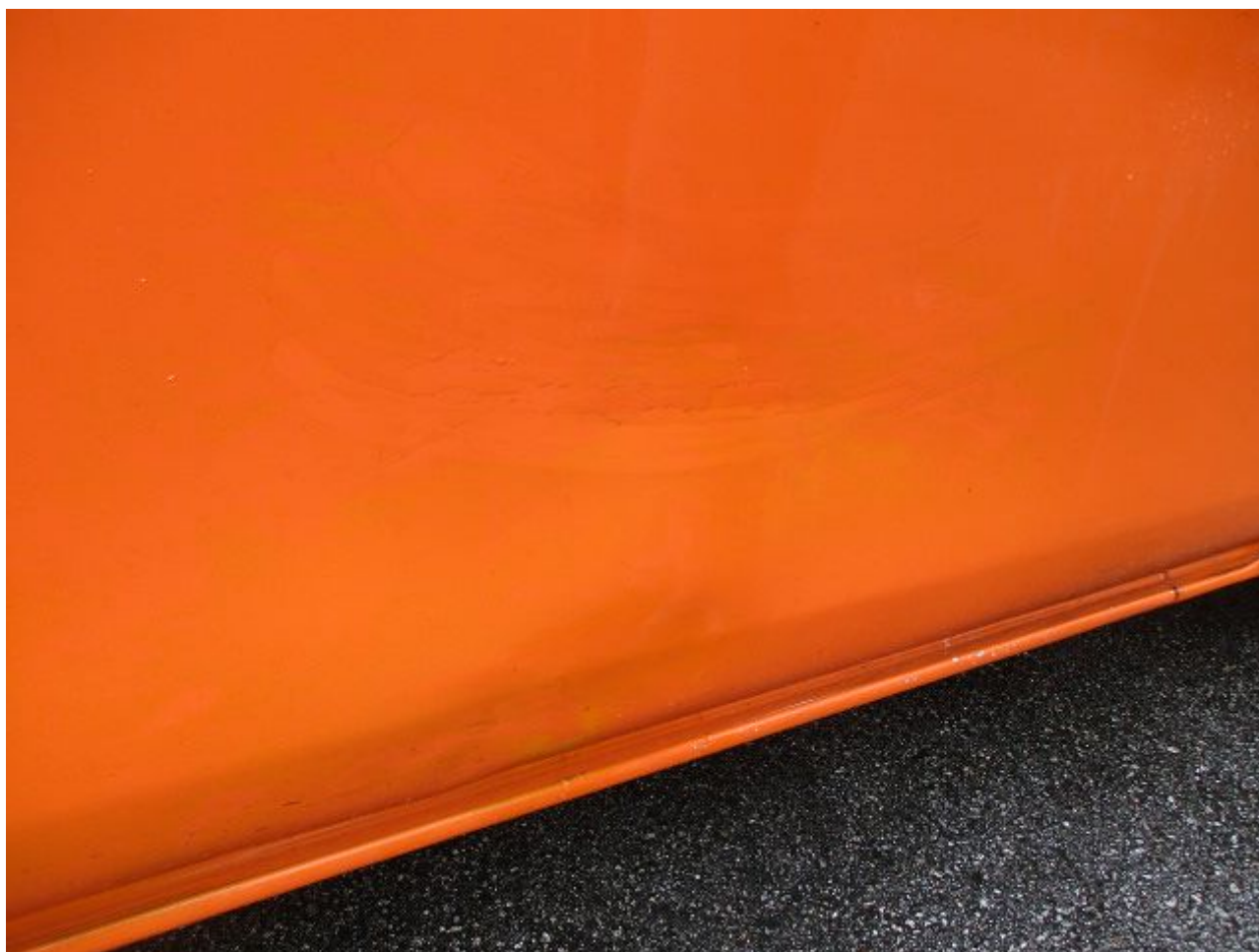




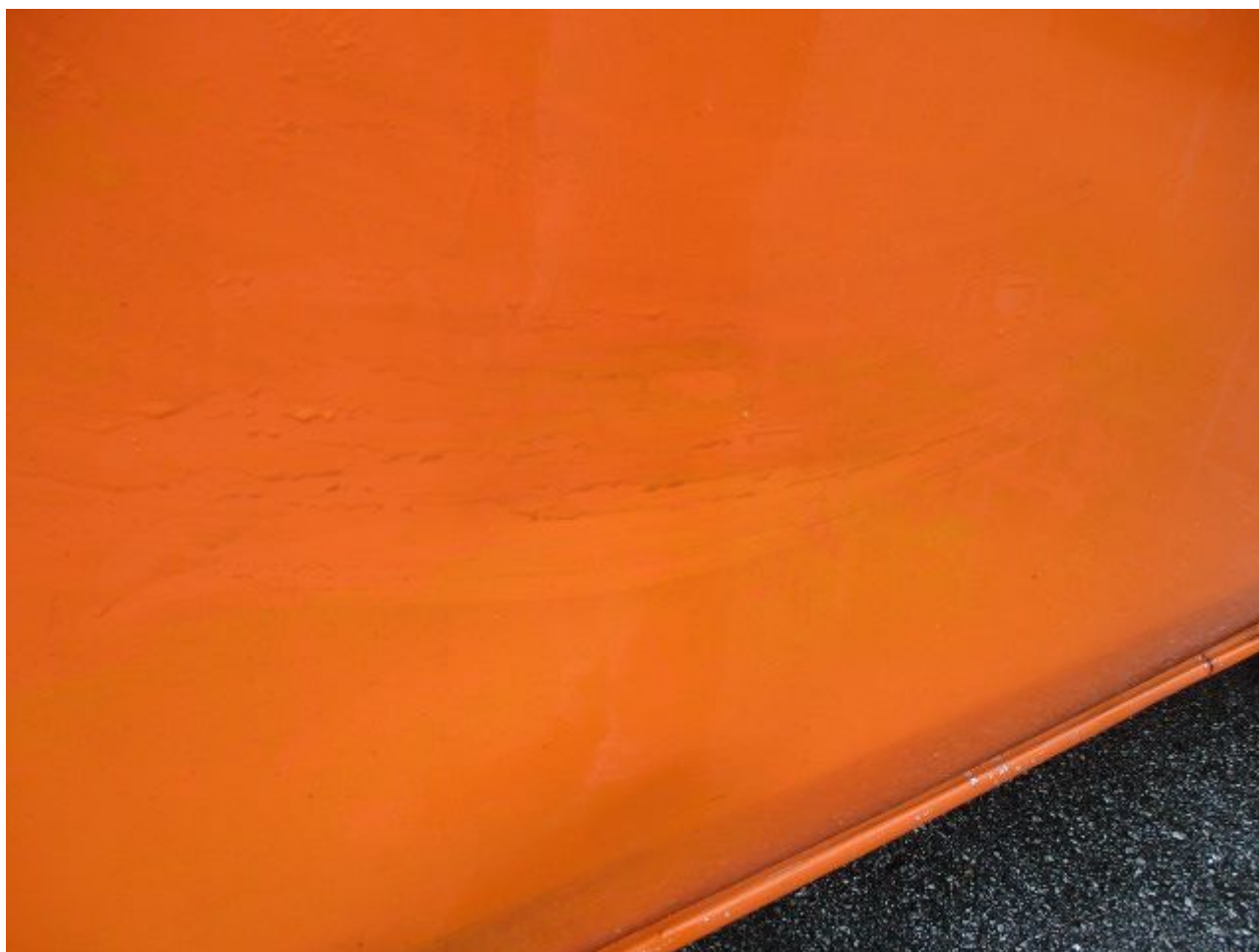


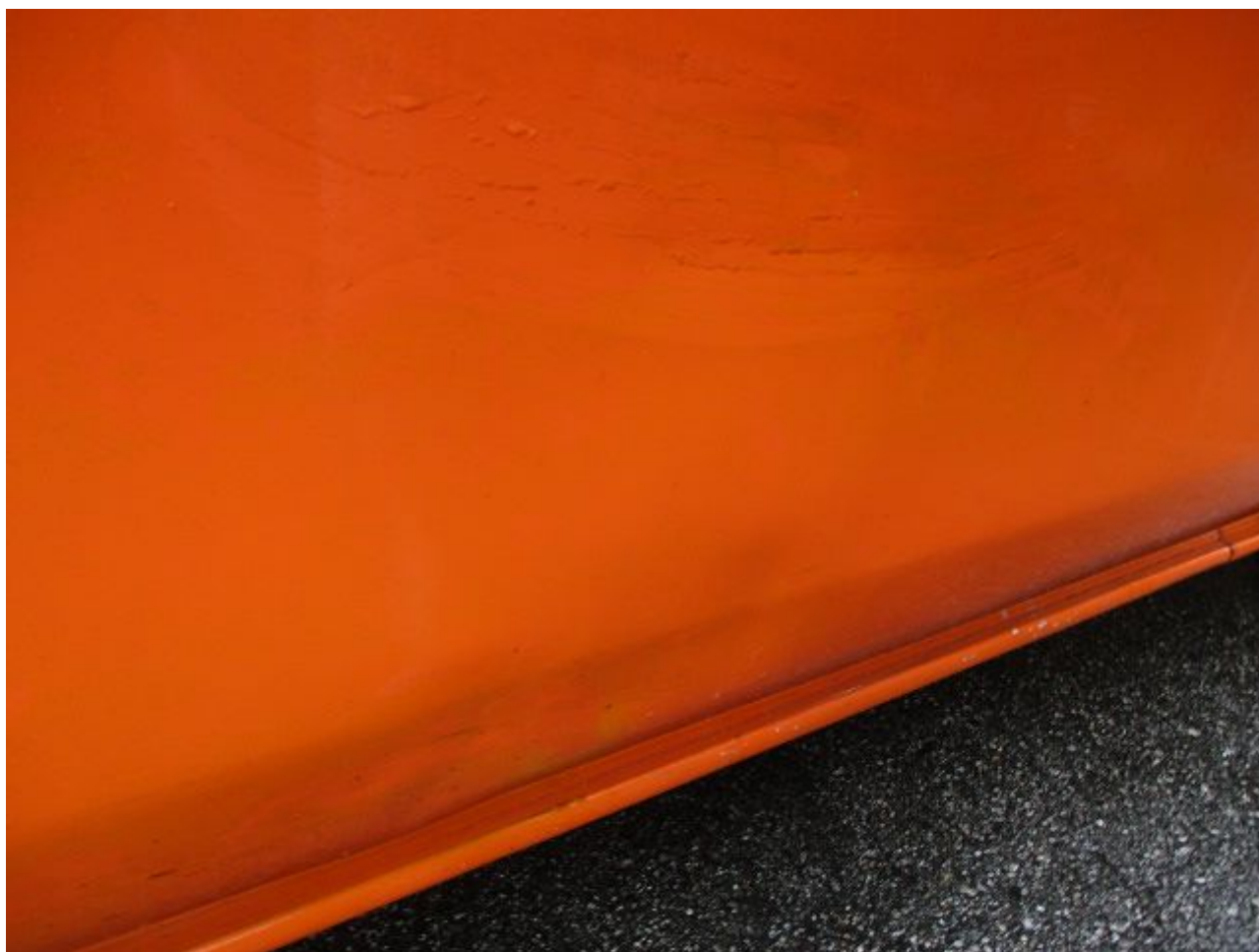


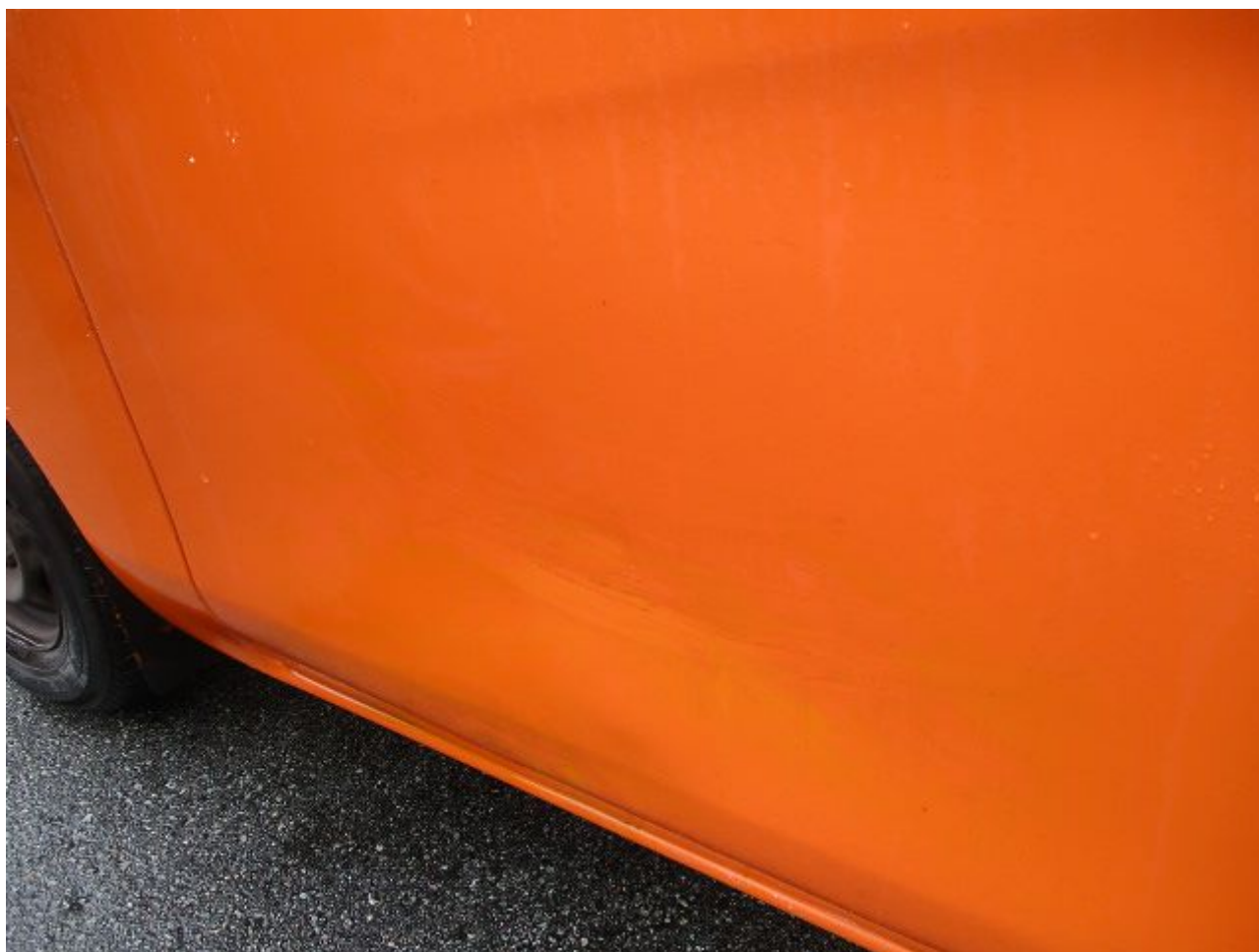


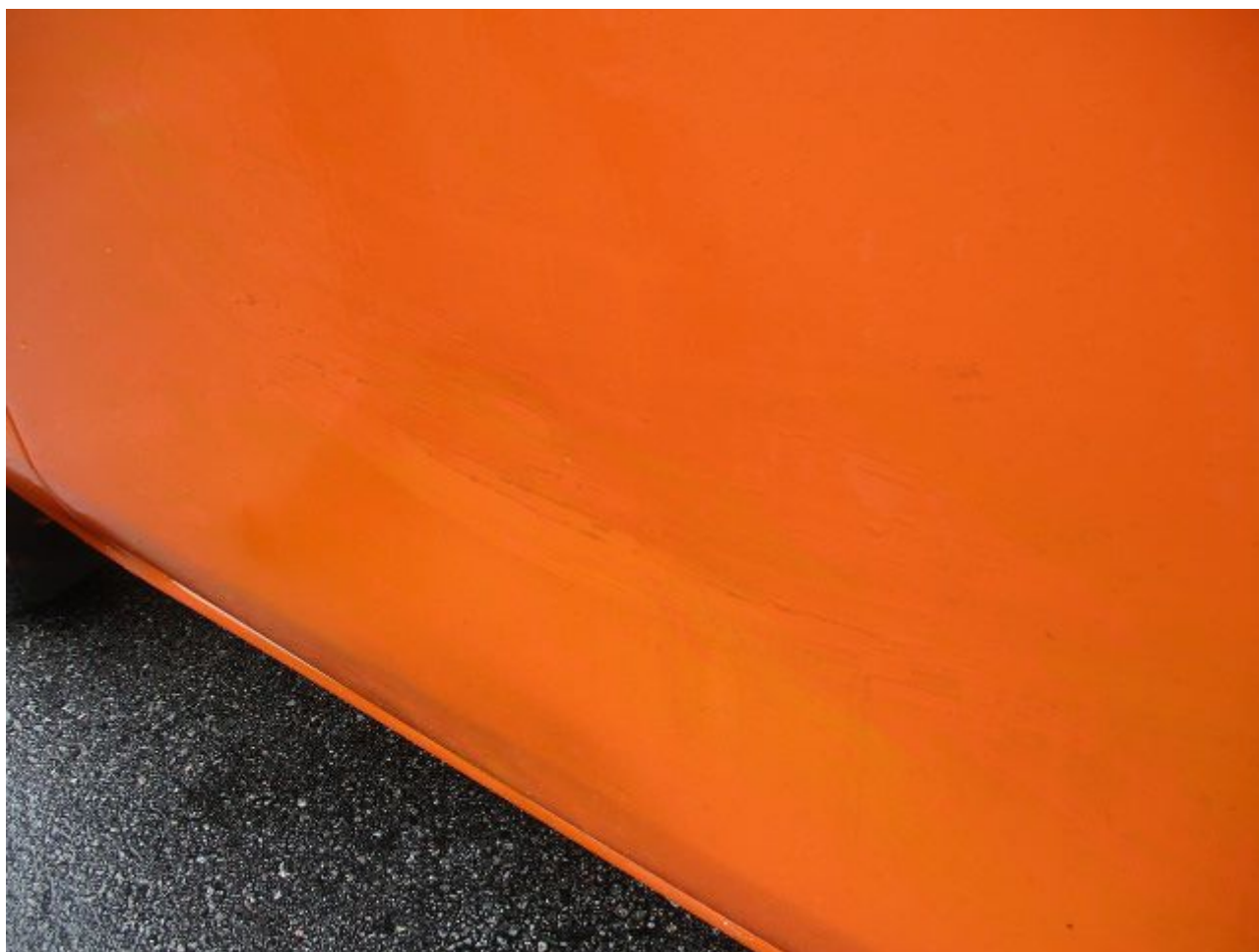








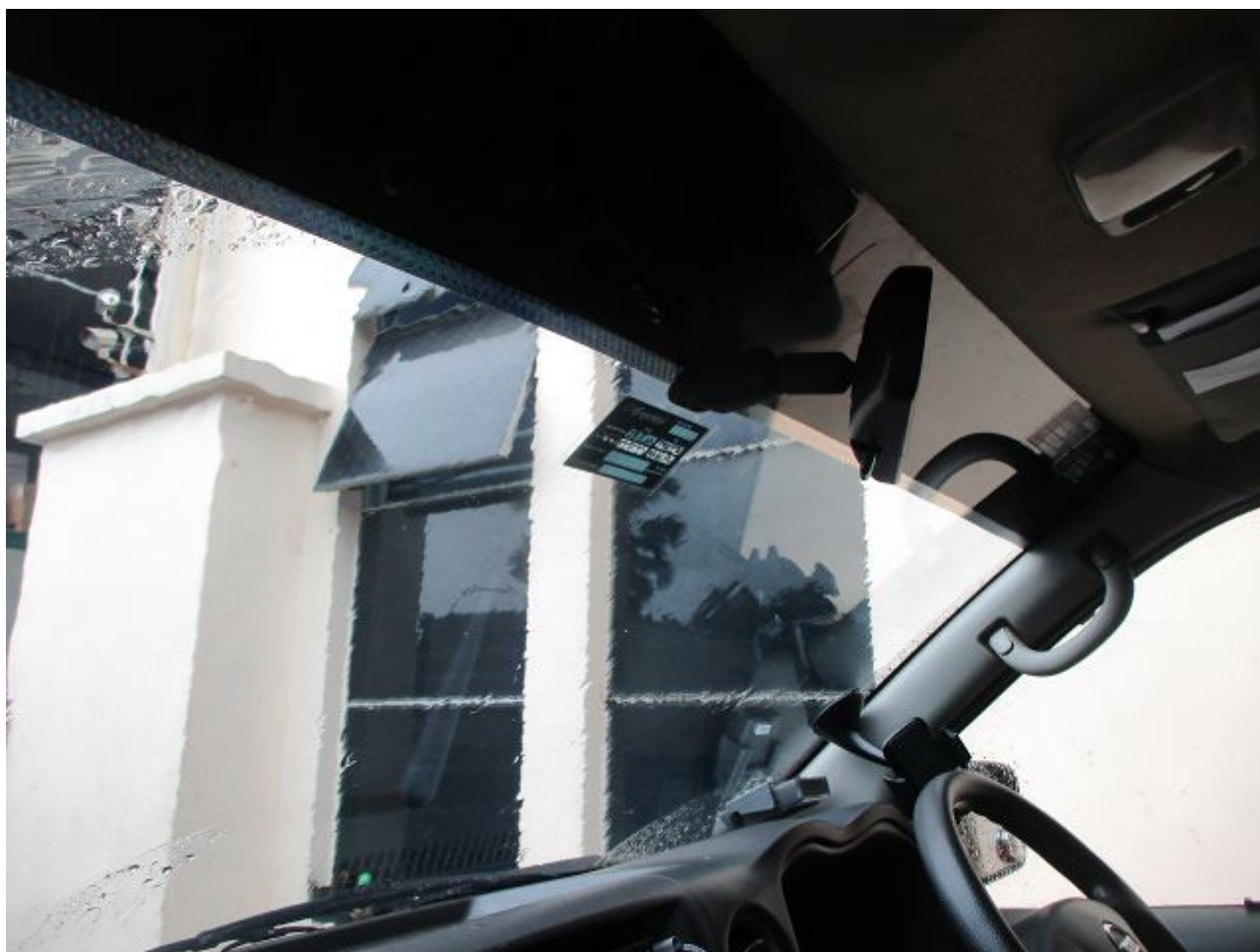



















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20230222/2040

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Report No. T/20230222/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/02/2023 12:53	Vide Report No.:	Station Diary No.: 56
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**Informant's Particulars**

Name of Informant: KYAW ZAW LWIN			Address: APT BLK 314 UBI AVENUE 1 #03-324 SINGAPORE 400314		
ID Type / ID No.: FIN NO / G5100252R			Contact No.: Home/Office: Mobile: 83496135		
Nationality: MYANMAR			Email:		
Sex: Male	Age: 35	Date of Birth: 19/08/1987	Type of Informant: Driver		
Race: Others			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2023 17:15	Type of Location: Car Park
Location:  HOUGANG AVENUE 6				
Weather: Heavy rain		Road Surface: Wet		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
GBD1430R						0
SLP4956P						0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20230222/2040

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20230222/2040

**CONTINUATION OF REPORT**

Driver			
Name	KYAW ZAW LWIN	ID No.	G5100252R
Related Vehicle	GBD1430R	Contact No.	83496135
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 05/2/2023 at about 1717hrs, I went to retrieve my company van, GBD1430R, which was parking at the said location of Blk 424 - 427 Hougang Avenue 6, open space carpark. The weather was heavy rain during that day. When I was exiting out from the parking lot, My vehicle collided on to the vehicle which was parked on the left side. I noticed there is a few scratches on the car. I waited for the said owner of the vehicle for half an hour however the driver did not come. As I was in a rush, I decide to leave the area. I had forgotten to left my contact number at that point of time. There is no camera in my vehicle. On 21/2/2023, I received a letter from Traffic police that I had involve in a Hit and Run accident. Police report reference, TP/IP/03961/2023, IO Neo Zhi Yuan, DID: 65476079 and was advised to lodge a Traffic Accident report.





**SINGAPORE  
POLICE FORCE**



T/20230222/2040

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20230222/2040

**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:

J /

SGT 2 MUHAMMAD AQIL BIN  
MOHAMMAD TASRIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/02/2023 12:53

Officer In Charge Of Case:

TP / HRT /  
SR STAFF SGT NEO ZHI YUAN  
Contact No.: 65476079

Classification Of Case:

NP168