

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	31/05/2023 12:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	30/05/2023 15:35 (SGT)
Exact Location of Accident	Lornie Rd, Singapore
Additional Location Information	LORNIE ROAD SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR5661K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	QUEK GUEN LENG SHEENA (GUO JUNLING)
NRIC No	S8430508A
Email Address	SHEENA_QUEK@YAHOO.COM
Mobile Phone No	(Phone) +65-98762981
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	A180
Variant	MERCEDES BENZ / A180 (R17)
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	1595

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01003641/01

DRIVER

Name of Driver	QUEK GUEN LENG SHEENA (GUO JUNLING)
NRIC No	S8430508A
Date Of Birth	12/10/1984
Occupation	Indoor

Date Of Driving Pass	17/01/2008
Driving experience	15 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98762981
Alt. Phone Number	-
Email Address	SHEENA_QUEK@YAHOO.COM
Address	BLK 604 CLEMENTI WEST STREET 1 15-45 SINGAPORE 120604
Address complement	-
Postcode	120604
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ2092K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

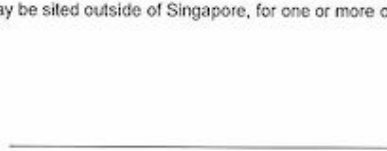
(collectively the "Purposes")

(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

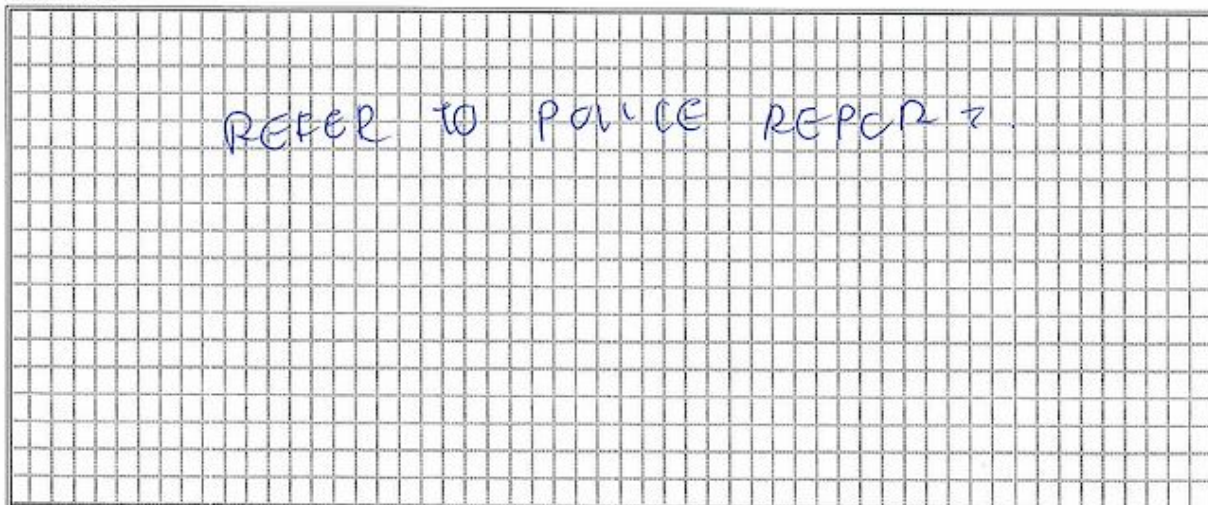


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

REFER TO POLICE REPORT.


Declaration

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

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.


Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230530/2097

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

1 of 3

Report No. T/20230530/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2023 19:34	Vide Report No.:	Station Diary No.: 141
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Informant's Particulars

Name of Informant: QUEK GUEN LENG SHEENA			Address: APT BLK 604 CLEMENTI WEST STREET 1 #15-45 SINGAPORE 120604		
ID Type / ID No.: NRIC NO / S8430508A			Contact No.: Home/Office: Mobile: 98762981		
Nationality: SINGAPORE CITIZEN			Email: sheena_quek@yahoo.com		
Sex: Female	Age: 38	Date of Birth: 12/10/1984	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Sales manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/05/2023 15:35	Type of Location: Straight Road
Location: LORNIE ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Unsecured items flew out of lorry and hit onto car				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMR5661K	Car	MERCEDES BENZ	A180 (R17)	Grey	Slightly Damaged	0
YQ2092K	Lorry	HINO	XZU710R 14FT WIDE CAB 7T	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20230530/2097

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230530/2097

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMR5661K	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MT/01003641/01	17/02/2022	16/02/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK GUEN LENG SHEENA	ID No.	S8430508A
Related Vehicle	SMR5661K (Car)	Contact No.	98762981
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.

I am the car owner of vehicle registration number SMR5661K.

On 30/05/2023 at about 1539 hrs, I was driving along Lorrie Highway towards Wollerton, a lorry was on the left lane in front of my car. Whilst travelling along the road, the debris from the lorry flew out and it onto the front bumper of my car. I am not sure what was the debris but it looked like some wooden stuffs.

After the accident, I drove past the lorry however the lorry driver only raise his hand at me indicating that he was sorry. I drove to the nearest bus stop and waited for the lorry but it did not show up.

My car upper and lower bumper was scratched and dented. My car registration plate was also damaged. I wish to inform that my car is install with in car camera and the registration number of the lorry is YQ2092K.

I am lodging this report for Police investigation



**SINGAPORE
POLICE FORCE**



T/20230530/2097

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20230530/2097

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
D /
SI WONG CHONG WAI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG LESLIE
Contact No.: 65476151

Signature Of Informant:

Date/Time:
30/05/2023 19:34

Classification Of Case:

NP168