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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

atoresald.	
	ACCIDENT STATEMENT
Date Of Report	12/12/2017 17:01
Date Of Accident	12/12/2017 13:05
Exact Location Of Accident	JURONG POINT SHOPPING MALL JP2CARPARK UNKNOWNCPLOT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLC9981B
Insured/Policyholder	
Name Of Registered Owner	PNG KOK WEE
NRIC No	S7346617B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97637105
Alternative Phone No	OTHERS-97637105
Vehicle Particulars	
Manufacturer	VOLVO
Model	V60 T5 (A)
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080141238-01
Cover Note Number	
B.	

Driver

Name of Driver CHANG SIOW LING CANGIN

NRIC No S7526774F

Date Of Birth 12/09/1975

Occupation OUTDOOR

Date Of Driving Pass 14/10/1997

Driving Experience 20 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-97637105

Fax Number

Contact Number OTHERS-97637105

EMail Address NOEMAIL

BLK 179 LOMPANG ROAD Address

#14-18

Postcode 670179

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

COLLIDED INTO PARKED VEHICLE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Was any body injured in the Accident? NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 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 PANJANG**

ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE Police Station Address

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171212/2150

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Remarks/ Reasons: **REVERT** Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

Sketch Plan

SKETCH PLAN

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- 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:

- 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)
 - (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:

Reporting Centre Personnel's Sig

NRIC/FIN No :

Sketch Plan #2

TCH PLAN	
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	1 Knock my
	(Side) (Side
	A (3/A) winn)
A-SLC99811	B Jump Pt
	0 10 - 10
B-Unknown	O RETENED (EL)
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT
Jehrle A was	pared at Juving print boxment corpore
F 31: 6	1 1 0 2 4 4 Adlante R
From the low VI	ideo, if oppers that unicle B.
browked onto e	and A 1841 Gas minor
president emps v	CONTRACTOR OF THE CONTRACTOR O
When I ami	ed of the company, there the
vehicle	
	no where in sight sight.
ECLARATION	
We declare the foregoing particula	2
1177	3/1/2/2
olicyholder's Signature ate & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:

Sketch Plan #3





SETAVICE STATE - COAST ST. SERVICE SALES - Mr Png Kok Vae Blk 178 Lompang Road #14-18 Singapore 650179 Closed by Pyan Rineda Syn Constitute Remarks & Mr Png Kok Wee	Inv No Inv Sate WIE No Veh In/Out: Tel No Peg No Reg date Mileage	GST Reg. No. N28 V 12/12/2017 34782 Mchile: 985119 5103961B 30/05/2016	Page 1
lp.No Description	Mech Qty	Price Dasce Pkg	Amount G
001 Quality Control 84622 Power Door Mirror Remove-	0	0.00 0 105.00 0	105.00 8
Install to replace Cover MIRROR LAMP LH 260 S	1.0 EA	105730	101 01 0 25.10 B

	Gross Total.	285 40
Labour Total 1500 Parts Total 130 18	Nor o Tos Motal Paid	295 40 251 90 0 00
DST. Secretares: Senutoffcome: TetersPares	Please Pay	253 90

sames Automotive Pte. Ltd.
9 Alexandra Road Singapore 159935 T+65 8473 1488 F+85 6479 1097 www.rokroans.com.sg

ring no. 199501400R / GST reg no. M28920628X

Accident Sketch Plan





2 of 3

Report No. T/20171212/2150

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999 CONTINUATION OF REPORT

Driver		Walt .	A TOP OF THE PARTY		12000	
Name	CHANG SIOW LING CANGIN			ID No	ii.	S7526774F
Related Vehicle	SLC9981B (Car)			Conta	ct No.	97637104
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	ted Medical Leave	Degree of	f Injury	NIL		

Brief Details.

On 12th December 2017at 1000hrs, I parked my car registered SLC9981B at Jurong Point Shopping Mall - unknown car park lot. All was intact when I left my car.

On the same day, at about 1300hrs, I went to retrieve my car and saw that my left side mirror top cover were placed on top of my car windscreen area. I made a check and observed that it had been damaged. There was no note left on my car. Subsequently, I went to IDAC and viewed the cctv footage from my in car camera. However, the footage stopped after a lorry drove near my car. As such, I am not able to make out what had happened to my car. I was advised by the IDAC staff to lodge a Police report.

I have also sent my car for repair assessment and the damages are minor scratches on my left bumper and headlight, as well as a damaged left side mirror cover. The repair works for the side mirror cover is SGD251.90/-. However, I have yet to get an estimate cost of repair for my left bumper.

I have the cctv footage with me and would be able to provide the footage copy to aid in investigation.





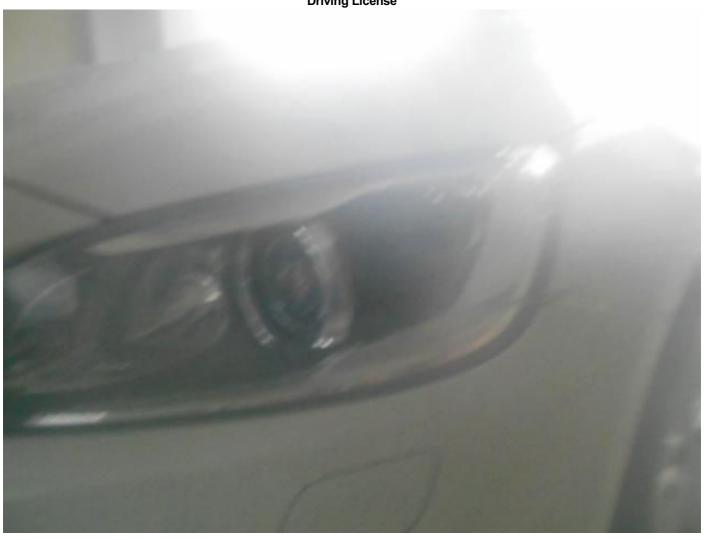








Driving License

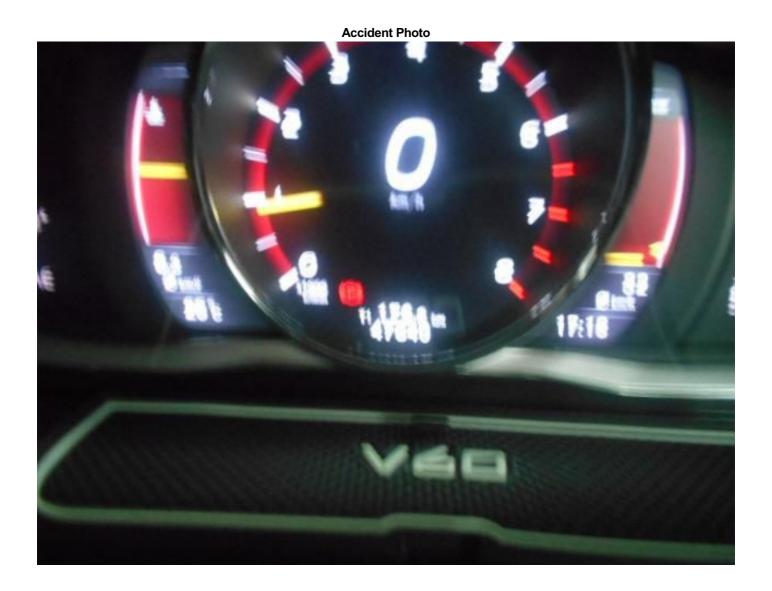


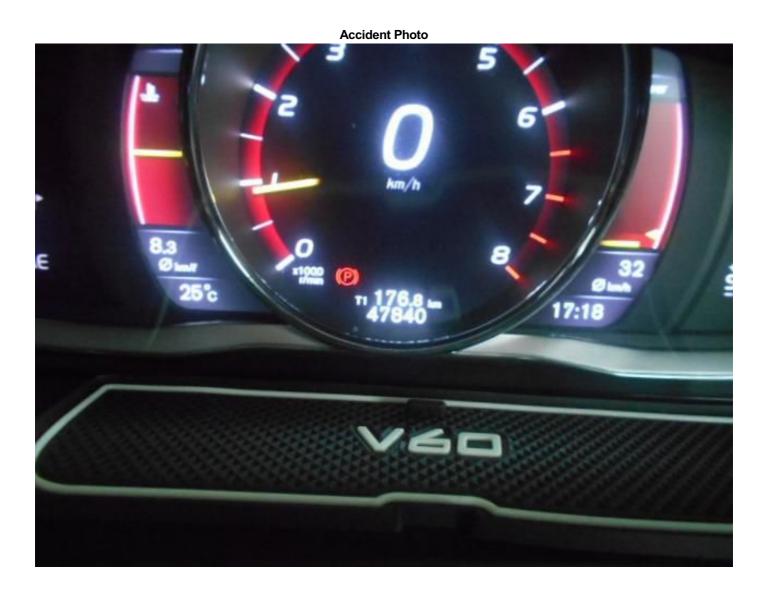


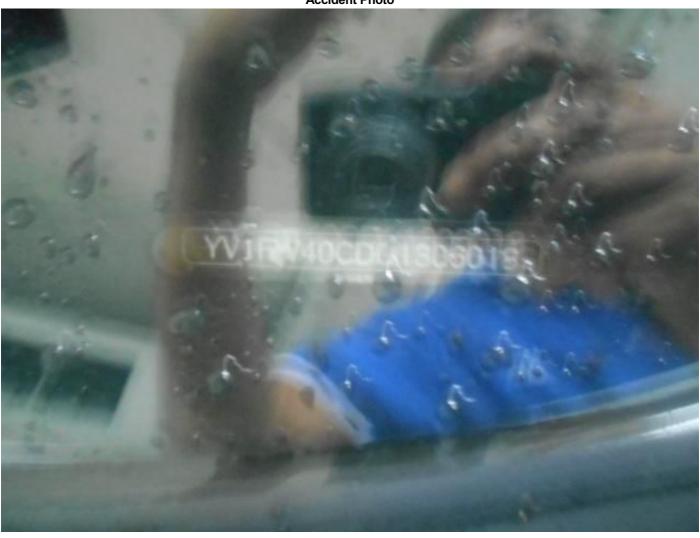




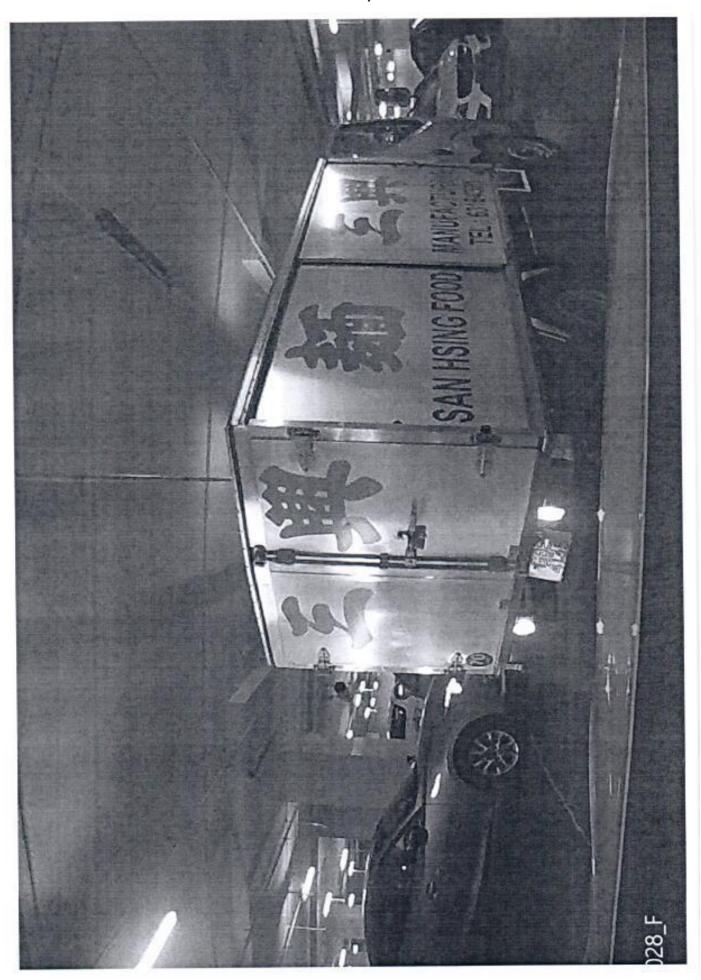












Police Report





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

1 of 3 Report No. T/20171212/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/12/2017 18:26			Vide Report No.:	Station Diary No.: 101	
Informan	t's Partic	ulars	A CONTRACTOR	COLUMN TO A STREET STREET	
	Informant: SIOW LINE	G CANGIN	Address: APT BLK 179 LOMPA	NG ROAD #14-18 SINGAPORE 670179	
ID Type / ID No.: NRIC NO / S7526774F			Contact No.: Home/Office: Mobile: 97637104		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Female	Type of milotinanc				
Race: Chinese		Language:	Institution / School Name:		
Occupation: Insurance Agent		Driving Licence Inform Class: 3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/12/2017 13:05	Type of Location Car Park
	ST CENTRAL 2	ar park - unknown car p Road Surface: Dry		oad Speed Limit:
	ow: Traffic Control:			
Traffic Flow: One Way		THE PROPERTY OF THE PROPERTY OF THE PARTY OF	1000	raffic Volume: eavy

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SLC9981B	Car				Slightly Damaged	0	

Details of Person Involved	PRO THE PROPERTY OF		
Any Pedestrian Involved: No		V 1901	
No. of Pedestrians Injured: NIL	Use of Pec	destrian Crossing: NA	

Police Report





2

Report No. T/20171212/2150

Police Station Of Origin; Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver			The state of the s	TANK	Same.	
Name	CHANG SIOW LING CANGIN			ID No	£	S7526774F
Related Vehicle	SLC9981B (Car)			Conta	ct No.	97637104
Hospital/Clinic	NIL			Class Drivin Licend Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	Degree o	f Injury	NIL		

Brief Details.

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Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20171212/2150

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 1 SITI NURSHALINA BINTE ROSLY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/12/2017 18:26
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt LIM WOON TIONG Contact No.: 65476418, SN 117	Classification Of Case:
Authentication Stamp	