

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 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 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	02/01/2018 18:37
Date Of Accident	30/12/2017 11:10
Exact Location Of Accident	BLK 845 WOODLANDS ST 82 NEAR DROP-OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD2530Y
Insured/Policyholder	
Name Of Registered Owner	ASIA CARZ AUTO
Co Reg No	53310402E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65706990

Vehicle Particulars

Manufacturer	AUDI
Model	A3
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096118790
Cover Note Number	

Driver

Name of Driver	LEE WEI LONG
NRIC No	S8736965Z
Date Of Birth	14/11/1987
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81613434
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 845 WOODLANDS ST 82 #04-143
Postcode	730845
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171230/2058

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	SHC4611A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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 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 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:
 - (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.



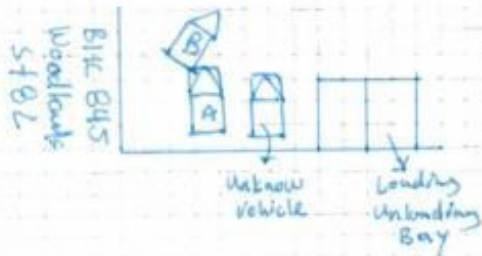
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN B1K B45 Woodlands St B2 (Near Drop-Off Point).



A - SKI 2530Y

B - SHC 4611A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20171230/2058

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sign 02/01/18

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20171230/2058

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20171230/2058

CONTINUATION OF REPORT

Brief Details.

On 30/12/2017 at about 1112hrs, I was standing near the window of my unit at the 4th floor and was looking down to view my vehicle. I had parked my vehicle bearing Reg No: SKD 2530Y at the drop-off point beside Blk 845 Woodlands Street 82.

I then observed an SMRT Taxi Reg No: SHC 4611A (Maroon in colour) reversing and the rear had knocked onto the front left side bumper of my vehicle. Immediately I took photos of the said taxi from my handphone. The taxi driver had then stopped and had turned to see if there is any damage to my vehicle. I had shouted at the taxi driver from above however he drove off.

I immediately proceed down to check on my vehicle and I observed the left side bumper was dented. I tried to search for the taxi at the vicinity, however to no avail.

This is the first time such incident happened and I does not know the taxi driver. I am lodging this Traffic Accident Report for Police to investigate.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20171230/2058

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
93 TOA PAYOH CENTRAL #01-02
TOA PAYOH CENTRAL COMMUNITY CLUB
SINGAPORE 319194

Report No. T/20171230/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 13:17	Vide Report No.:	Station Diary No.: 76
--------------------------------------------	------------------	--------------------------

Informant's Particulars

Name of Informant: LEE WEI LONG			Address: APT BLK 845 WOODLANDS STREET 82 #04-143 SINGAPORE 730845		
ID Type / ID No.: NRIC NO / S8736965Z			Contact No.: Home/Office: Mobile: 81613434		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 14/11/1987	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: DEBT-COLLECTOR			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/12/2017 11:10	Type of Location: Drop-off point
Location: Along Road 1 WOODLANDS STREET 82 Blk 845 Woodlands Street 82, near drop-off point.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		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
SHC4611A	SMRT TAXI					0
SKD2530Y	Car				Slightly Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20171230/2058

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Report No. T/20171230/2058

Brief Details.

On 30/12/2017 at about 1112hrs, I was standing near the window of my unit at the 4th floor and was looking down to view my vehicle. I had parked my vehicle bearing Reg No: SKD 2530Y at the drop-off point beside Blk 845 Woodlands Street 82.

I then observed an SMRT Taxi Reg No: SHC 4611A (Maroon in colour) reversing and the rear had knocked onto the front left side bumper of my vehicle. Immediately I took photos of the said taxi from my handphone. The taxi driver had then stopped and had turned to see if there is any damage to my vehicle. I had shouted at the taxi driver from above however he drove off.

I immediately proceed down to check on my vehicle and I observed the left side bumper was dented. I tried to search for the taxi at the vicinity, however to no avail.

This is the first time such incident happened and I does not know the taxi driver. I am lodging this Traffic Accident Report for Police to investigate.

Police Report



**SINGAPORE
POLICE FORCE**



T/20171230/2058

3 of 3

Report No. T/20171230/2058

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Staff Sgt SAHIDAH BINTE ALI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt LIM WOON TIONG

Contact No.: 65476418

Signature Of Informant:

Date/Time:

30/12/2017 13:17

Classification Of Case:

Authentication Stamp

NP168

