SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 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	05/01/2018 16:42
Date Of Accident	04/01/2018 13:20
Exact Location Of Accident	JLN MARIAM
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD7514L
Insured/Policyholder	
Name Of Registered Owner	CHEW LIH TYNG
NRIC No	S8601949C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81894475
Alternative Phone No	OFFICE-81894475
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 6AT SX ABS D/AB SR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5077171142-02
Cover Note Number	-
Driver	
Name of Driver	CHEW LIH TYNG
NRIC No	S8601949C
Date Of Birth	16/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81894475
Fax Number	

OFFICE-81894475

NOEMAIL

Address 24 LENGKOK MARIAM

Postcode 509127

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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 CLEAR
Road Surface DRY

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 MARINE PARADE N.P.C

Police Station Address ROAD: 300 MARINE PARADE ROAD, POSTCODE: 449296, COUNTRY:

SINGAPORE

NO

NO

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN1966L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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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 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 Sig

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

A	A= Skp.7514 L B = YN 1966 L
5	
	Lengkok Marinus
CRIBE CIRCUMSTANCES	OF THE ACCIDENT
RIBE CIRCOMSTANCES	of the Account
Please	Hefer to Police Report
	/
CLARATION	
ECLARATION Ne declare the foregoing pa	articulars are true in every respect.
CLARATION Ve declare the foregoing pa	articulars are true in every respect.

POLICE REPORT





1 of 3

Report No. T/20180104/2158

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

	The second secon
Date/Time Report Made: Vide Report No.: 04/01/2018 22:54	Station Diary No.: 52

04/01/2018 22:54					
Informan	t's Particu	ulars			
Name of Informant: CHEW LIH TYNG ID Type / ID No.: NRIC NO / S8601949C Nationality: SINGAPORE CITIZEN			Address: 24 LENGKOK MARIAM SINGAPORE 509127		
		49C	Contact No.: Home/Office:	Mobile: 81894475	
		contan	Email:		
Sex: Female	Age:	Date of Birth: 16/01/1986	Type of Informant Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: INSURANCE AGENT			Driving Licence Informatio Class: 3A	n: Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/01/2018 13:20	Type of Location Straight Road	
Location: Along Road 1 MARIAM CLO		Road Surface:		Road Speed Limit:	
Weather: Road Clear Dry		227.0			
Clear				Traffic Volume: No Traffic	
Traffic Flow: Two Way		Traffic Control: Not Controlled	10		

Details of V	ehicle Invo	lved		N - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD7514L	Car	KIA	CERATO FORTE KOUP 1.6 6AT SX ABS D/AB SR	Silver	Slightly Damaged	0

	Insurance Company	Insurance No	Effective	Expiry Date
Vehicle No. II	Insurance Company			0010410040
SKD7514L	NTUC Income Insurance Co-Operative Limited	5077171142-02	04/01/2018	03/01/2019

POLICE REPORT



2 of 3

Report No. T/20180104/2158

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296

Tel No: 1800-4428999

CONTINUATION OF REPORT

Details of Person						
Any Pedestrian Involved: No				Pedestrian Crossing: NA		
No. of Pedestrian	s Injured: NIL		056 01	r edoptilon	0.000	MARKET AND AND ADDRESS OF THE PARTY OF THE P
Driver			AND THE PARTY OF	I ID AL		S8601949C
Name	CHEW LIH TYNG			ID No.		200019490
Related Vehicle	NIL			Conta	ct No.	81894475
Hospital/Clinic	NIL			Class		Class: 3A
Поэрцыгонно	Data		Drivin Licent Expiry		Date of Expiry: NIL	
= · = · · · · · · · · ·			Date 0	Discharge	NIL	
Date Treatment	MIL			e of Injury	NIL	
No. of Days gran	ted Medical Leave	TAILE	Degre			

Brief Details.

On 03/01/2018 at 2141hrs, I parked my vehicle along the sides of Mariam Close. Everything was intact.

On 04/01/2018 at about 1410hrs, I went to my vehicle and discovered damages comprising of dents and scratches at the right rear side of my vehicle. I then went to check my in vehicle camera and discovered a notification that indicated as "IMPACT" at 1322hrs. I then view the footage and noticed a white in colour lorry that drove pass at that particular timing. The footage also shakes during that period when the lorry drove pass. The registration number of the lorry is YN1966L. I wish to add that I had went through the footage from the time I parked and that is the only impact.

There was no note left. This is the first time I am seeing the lorry in the vicinity.

I am not sure the estimated cost of repair.

POLICE REPORT





Report No. T/20180104/2158

Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE Tel No: 1800-4428999

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 G / Sgt 3 NUR AMERA KHAIRYA		Date/Time: 04/01/2018 22:54		
Signature Of Interpreter: Not applicable				
Officer In Charge Of Case:		Classification Of Case:		
TP / HRT / - SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE POLICE FORCE			
Authentication Stamp NP168	SIGN	IATURE		

































