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 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.

ulolocald.			
	ACCIDENT STATEMENT		
Date Of Report	13/01/2018 10:58		
Date Of Accident	12/01/2018 09:20		
Exact Location Of Accident	BLK 872 OPEN CARPARK YISHUN ST 81		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLP3179Y		
Insured/Policyholder			
Name Of Registered Owner	CHIAN POH KHIM		
NRIC No	S1594005J		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-81273369		
Alternative Phone No	OTHERS-81273369		
Vehicle Particulars			
Manufacturer	SUBARU		
Model	XV		
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 CAR		
Insurance Company			
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	5093272126		
Cover Note Number			
Driver			
Name of Driver	CHIAN POH KHIM		

NRIC No S1594005J
Date Of Birth 02/11/1963
Occupation INDOOR
Date Of Driving Pass 29/06/1981

Driving Experience 36 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81273369

Fax Number

Contact Number OTHERS-81273369

EMail Address NOEMAIL

Address BLK 872 YISHUN ST 81

#04-133

Postcode 760872

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions RAINING
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

NO

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?

If Yes, Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

NO

YES

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?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180112/2084

Attachment(s)

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

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NC

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS8013T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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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:

- (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)
 - (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:

Name NRIC/FIN No.:

Sketch Plan #2

Vernicue A - S		BLK FTZ AL
Vehicle A - S		
	LP 3179 5	
VEHI CLE B - 5	LS 9013 T	1 1000 1 1
		(e)
		TTTT
		ORCHID PORK
		CONDO
ESCRIBE CIRCUMSTANCES OF	F THE ACCIDENT	
AS PER POUCE RE	EPORT	REPORT NUMBER!
		7/20180112/2084
RECLARDING OF AC	CLUBIT	
INVOLUTION :		market CD
		OFFICER IN CHARGE
- VEHICLE A (SLP	31797)	SECT TANG SIEW PING
		1
DECLARATION I/We declare the foregoing particul	lars are true in every respect	l alata
	lars are true in every respect	Sym 13/01/18 Reported Centre Personnel's Signature

Sketch Plan #3



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

2 of 3 Report No. T/20180112/2084

Brief Details.

On 12/01/2018 at about 1000, I was parking my car (SLP3179Y) at my office when another motorist informed me that my car was missing its number plate. I made a check and found that my number plate was bent and that the numbers on the number plate were missing. I also realized that the front bumper of my car had been dented. I then reviewed my car's video recording and found that earlier at about 0910 hrs, while my car was parked at the open air car park at the foot of block 872 Yishun Street 81, a car (SLS8013T) had reversed into my car, denting the front bumper and car plate in the process.

I am making this report for record purposes and to facilitate insurance claims.



















Police Report





1 of 3

Report No. T/20180112/2084

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 OF A TRAFFIC ACCIDENT				Station Diary No	
Date/Time Report Made: 12/01/2018 14:16		lade:	Vide Report No.:	80 80	
Informant	's Particu	ılars			
Name of Informant: CHIAN POH KHIM			Address: APT BLK 872 YISHUN STREET 81 #04-133 SINGAPORE 760872		
ID Type / ID No.: NRIC NO / S1594005J		05J	Contact No.: Home/Office:	Mobile: 81273369	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 54	Date of Birth: 02/11/1963	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Administration manager			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 12/01/2018 09:20	Type of Location Car Park	
Weather:	REET 81 k at the foot of block 8	72 Yishun Street 81 Road Surface: Wet	R	road Speed Limit:	
Drizzling Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			8	Anyone conveyed by ambulance:	

Details of V			Model	Color	Condition	No of Passenger
Vehicle No.	Type	Make	1110			0
SLP3179Y	Car	SUBARU	SUBARU XV 1.6I AWD CVT	Blue	Slightly Damaged	0
SLS8013T	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver		0

Police Report



2 of 3 Report No. T/20180112/2084

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Police Report





1.000.00

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

3 of 3 Report No. T/20180112/2084

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 <u>report number</u> as reference.

Signature Of Officer Recording The E / ASP ESTHER KOH QING EN	Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable	, (v	Date/Time: 12/01/2018 14:16
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING		Classification Of Case:
Contact No.: 65476430	SINLAPORT	SN 168
Authentication Stamp NP168	- 6	SIGNATURE