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 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.	
	ACCIDENT STATEMENT
Date Of Report	19/02/2018 16:49
Date Of Accident	18/02/2018 15:10
Exact Location Of Accident	5A GHIM MOH RD/GHIM MOH GREEN MSCP DECK 1LOT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ2519R
Insured/Policyholder	
Name Of Registered Owner	SEAH HOCK CHYE LAWRENCE
NRIC No	S0126015D
Email Address	LAWRENCESEAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98527471
Alternative Phone No	OTHERS-98527471
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CAR WAS 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	5077201378-02
Cover Note Number	
Driver	

Name of Driver SEAH HOCK CHYE LAWRENCE

NRIC No S0126015D Date Of Birth 18/09/1953 Occupation **INDOOR** 01/08/1975 **Date Of Driving Pass**

Driving Experience 42 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98527471

Fax Number

Contact Number OTHERS-98527471

EMail Address LAWRENCESEAH@HOTMAIL.COM

BLK 80 STRATHMORE AVENUE Address

#21_112

141080 Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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?

NO

NO

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name RIVER VALLEY NEIGHBOURHOOD POLICE POST

NO

ROAD: BLK 4 DELTA AVENUE, POSTCODE: 161004, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2789999 - FAX NO: 62786427

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20180218/2057

Attachment(s)

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

WITH OWNER Remarks/ Reasons:

Was there any audio recorded? NO

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:

- (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
- 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.
- 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 Perso

Sketch Plan #2

CRIBE CIRCUMSTANCES OF THE ACCIDENT CECHCH Plan Muty Storey Car Park Stetch (Peak C) CAT B CAT C SLM 964H Honda Verzel Pad Cat Thomas City (Park Grey) Lot 5 Lot 7	CRIBE CIRCUMSTANCES OF THE ACCIDENT CECTA Muft Storey ar Park Storey (Park Clock) CAR B CAR B CAR B CAR B CAR B CAR C SLM 964H Howar Vericle Food Car SLM 264H City (Park Gray) Londa City (Park Gray)	CRIBE CIRCUMSTANCES OF THE ACCIDENT CAC B CAC C SLM 964H Howar Vezel Pad Car Honda City (Park Grey) Lot 6 Lot 7		Miknowa ENGR	CAR
Car A Own vehicle Car. C SLM 964H Honar Vezel Pal Car. Honda City (Dark Gray) SEZ SLIK Lot 5 Lot 6 Lot 7	Car A Own vehicle Car. C SLM 964H Honar Vezel Pal Car. Honda City (Dark Gray) SEZ SLIK Lot 5 Lot 6 Lot 7	Car A Own vehicle Car. C SLM 964H Honar Vezel Pal Car. Honda City (Dark Gray) SEZ SLIK Lot 5 Lot 6 Lot 7		THE ACCIDENT	
			SLM 964H Honda City (Da	Own vehicle	Pal Cac.
	PLS BAITHR TO PALICE REPORT #/20180>18/2017	PLS PAPAR TO PALICA RAPORS #/20180>18/2017			Lot 7





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Report No. E/20180218/2057

POLICE REPORT (NP299)

Police Station Of Origin River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

Date/Time Report Made 18/02/2018 22:10	Vide Re	eport No.		Station Diary No.
Name Of Informant SEAH HOCK CHYE LAWRENCE ID Type / ID No.	Address APT BLK 80 STRATHMORE AVENU SINGAPORE 141080			JE #21-112
NRIC NO / S0126015D	Male 64			
Nationality SINGAPORE CITIZEN				
Occupation Retiree nstitution/School Name			Race	
Comment of the Commen	Language Location Of Incident 5A GHIM MOH ROAD GHIM MOH GREEN SINGAPOR 273005 Multi-Storey Carpark, Deck 1, Lot 6			Chinese
Date/Time Of Incident 8/02/2018 11:30 - 18/02/2018 15:10				
rief details.				

On the 18/02/2018 at about 1130hrs, I parked my vehicle (SKZ2519R, Honda Vezel White) at the above mentioned location. I then left the area with the car intact.

On the 18/02/2018 at about 1510hrs, I returned to the location and discovered there is a black scratch mark at the front right bumper side of my vehicle. There

Signature Of Officer Recording The Report:	were 2 cars parked between my lot at the time.
E / Sgt 2 ABDUL HEEDE BIN ABDUL WAHID	Signature Of Informant:
Signature Of Interpreter:	
Not applicable	Date/Time: 18/02/2018 22:10
Officer In-Charge Of Case: / Bukit Timah N.P.C /	Classification
Staff Sgt SHAHRIZAD BIN SALLEH	Classification Of Case:
uthentication Stamp	
POLICE FORCE SN 069	
	100 mm
A .	
SIGNATURE 4	





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180218/2057

(SLM964H, Dark Grey Honda City, Lot 5 and A red car of unknown plate number, Lot 7)

I wish to state that I managed to view my in-car camera and I discovered a black vehicle that parked in reverse on the right side (Lot 5) of my parking lot at about 1300hrs. However, I was not able to retrieve the plate number.

This is the first time such an incident had happened and I have no suspects in mind. There is one CCTV facing my vehicle at the Multi-Storey Car Park. I am lodging this report for my insurance report and police assistance.

Subjects Involve	d	
Victim		THE RESERVE OF THE PARTY OF THE
Person Name	SEAH HOCK CHYE LAWRENCE (Informant)	4.

Signature Of Officer Recording The Report: Signature Of Informant: E / Sgt 2 ABDUL HEEDE BIN ABDUL WAHID Signature Of Interpreter: Date/Time: Not applicable 18/02/2018 22:10 Officer In-Charge Of Case: E / Bukit Timah N.P.C / Staff Sgt SHAHRIZAD BIN SALLEH Classification Of Case: Contact No.: 64629999 Authentication Stamp 5N 069 3804A007 33831 331304 SINGAPORE POLICE FORCE SN 069 SIGNATURE SIGNATURE



















