SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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

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	ACCIDENT STATEMENT
Date Of Report	26/02/2018 18:09
Date Of Accident	09/02/2018 16:35
Exact Location Of Accident	BEATTY LANE TWDS TYRWHITT RD LOT 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN2679L
Insured/Policyholder	
Name Of Registered Owner	CHOO KOON CHIAN
NRIC No	S1491211H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96335827
Alternative Phone No	OFFICE-96335827
Vehicle Particulars	
Manufacturer	VOLVO
Model	S60 2.0T AUTO
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	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	5097010891
Cover Note Number	
Driver	
Name of Driver	CHOO KOON CHIAN
NRIC No	S1491211H
Date Of Birth	01/05/1961
Occupation	OUTDOOR

01/12/1992

MALE

25 YEARS AND 2 MONTHS

(LOCAL) +65-96335827

OFFICE-96335827

NOEMAIL

Address BLK 113A MCNAIR RD

#04-276

Postcode 322113

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 2
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 KALLANG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 105 TOWNER ROAD #01-400, POSTCODE: 321105,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-2996999 - **FAX NO**: 63912397

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180219/2141.

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 SLM1410H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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.:

Accident Sketch Plan

ETCH PLAN		
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SCRIBE CIRCUMSTANCES	Beatty lone OF THE ACCIDENT	
	7	7
	refer to Trappic Pol No: - T120180 atd 10	1/10 Report 1219/2141 19.02.2018
While	7	
DECLARATION /We declare the foregoing par	ticulars are true in every respect.	0
wind	m	(Am
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personner's Signature Name: NRIC/FIN No.:

Police Report





1 of 3

Report No. T/20180219/2141

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105 Tel No: 1800-2996999

REPORT OF	RT OF A TRAFFIC ACCIDENT						
Date/Time Report Made: 19/02/2018 19:45			Vide Report No.: A/20180209/0120		Station Diary No.: 56		
Informan	nt's Particu	ulars			AND THE PARTY OF		
Name of	Informant.		Address: APT BLK 113A MCNAIR	ROAD #04-276	SINGAPORE 322113		
ID Type / ID No.: NRIC NO / S1491211H			Contact No.: Home/Office:	Mobile: 9	Mobile: 96335827		
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Male	Age: 56	Date of Birth: 01/05/1961	Type of Informant:				
Race: Chinese			Language:	Institution	/ School Name:		
Occupati	ccupation:		Driving Licence Information Class: 3	on: Date of E	xpiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2018 16:35	Type of Location. Straight Road	
Location: Along Road 1 BEATTY LAN Along Beatty Weather: Clear	E Lane towards Tyrwhitt F	Road, Lot number 4A Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	n e	Traffic Control:		Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by	

Vehicle No.	Type.	Make	Model	Color	Condition	No of Passenger
SJN2679L	Car	VOLVO	S60 2.0T AUTO	Blue	Slightly Damaged	0
SLM1410H	Car	HONDA	EDIX 1.7 A	Grey	No Damage	0

Details of V	ehicle Insurance		The state of the s	102000000000000000000000000000000000000
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJN2679L	NTUC Income Insurance Co-Operative	5097010891	27/12/2017	26/12/2018

Police Report





2 of 3

Report No. T/20180219/2141

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105

Tel No: 1800-2996999

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Ir	rvolved: No		1		_	
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA				
Driver						
Name	CHOO KOON CHIAI	N		ID No		S1491211H
Related Vehicle	SJN2679L (Car)			Conta	ct No.	96335827
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days granted Medical Leave NIL		NIL	Degree of	Injury	NIL	

Brief Details.

On 09/02/2018, at about 1600hrs, I parked my car (Registration No: SJN2679L) along Beatty Lane, Lot number 3A.

On the same day, at about 1635hrs, I came back to my car and discovered that there was another car (Registration No: SLM1410H) parked in front of my car (Parking Lot 4A). I noticed that the said car was already out of the lot. When I checked closely, I discovered that the rear of the said car was already in contact with the front of my car. The driver was not there. As such, I had to call for the Police. Traffic Police attended to my case vide A/20180209/0120.

The Police came and after assessing the situation, he left my contact on the windscreen of the said car so that the other driver could contact me. I was agreeable to this. The Police also told me to give the said driver about one week to contact me. Otherwise, I may proceed to lodge a report. I agreed to this as well. At that point in time, the said car was parked very closely to me and the car at the back was also close to me as well. I had no means of exiting the lot. As such, I had to wait.

On the same day, at about 2300hrs, the driver was still not back. As such, I had no choice but to call the Police for assistance again. On the same day, at about 2330hrs, I went to the toilet first. When I came out at about 2333hrs, I discovered that the driver of the said car has already drove off.

I wish to state that as a result of this accident, my car suffered scratches on the front bumper. Also, I am a Grab and Uber Driver. As I am held up due to this accident for about 7 hours, I have lost my income as well as addition parking cost. I also wish to state that I have given the driver of the said car ample time to contact me but he has not. As such, I am lodging this report as per the Police advice.

Police Report

CONTINUATION OF REPORT





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Report No. T/20180219/2141

Police Station Of Origin: Kallang NPP 105 Towner Road #01-400 SINGAPORE 321105

Tel No: 1800-2996999

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:	Signature Of Informant.
Sgt 2 LEE ZHAN RUI XAVIER	HMMC
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2018 19:45
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp	































