SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number 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 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.

	ACCIDENT STATEMENT
Data Of Banart	19/12/2017 13:54
Date Of Report Date Of Accident	18/12/2017 13:34 18/12/2017 12:45
Exact Location Of Accident	BLK 237 SERANGOON AVE 3 CARPARK
Country/State of Loss	SINGAPORE
-	DETAILS OF OWN VEHICLE
	SKW8135R
Vehicle Registration Number	SKW0133K
Insured/Policyholder	LEE OURINIMENO
Name Of Registered Owner	LEE CHUN WENG
NRIC No	\$6833432B
Email Address	ALEECNG68@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91839205
Alternative Phone No	OTHERS-91839205
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used a time of accident	^t 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	5075612917-02
Cover Note Number	17/11/2017 - 16/11/2018
Driver	
Name of Driver	LEE CHUN WENG
NRIC No	S6833432B
Date Of Birth	06/09/1968
Occupation	INDOOR
Date Of Driving Pass	20/05/1993
Driving Experience	24 YEARS AND 6 MONTHS

MALE

(LOCAL) +65-91839205

ALEECNG68@GMAIL.COM

OTHERS-91839205

Address BLK 19 SEMBAWANG CRESCENT #10-35

Postcode 757052
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 DRIZZLING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? 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? YES

If Yes, Please state which Police Station

Police Station Name SEMBANWANG NPC

Police Station Address ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT T/20171218/2156

Attachment(s)

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

Remarks/ Reasons: TRY TO RETRIEVE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLM9261T

Vehicle Make/Model/Colour KIA WHITE MOTORCAR

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

Sketch Plan

SKETCH PLAN

VEHICLE NO .: SKW 8135R

INSURER

DATE & TIME: 18/12/17 @ 12:45

IMPORTANT NOTICE

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- 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
- 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")
- 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

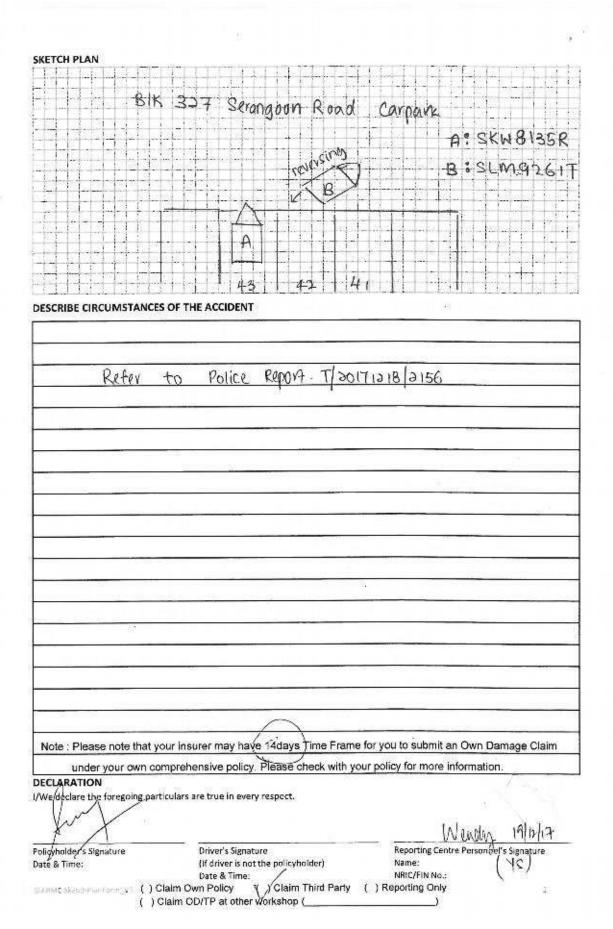
(If driver is not the policyholder)

Date & Time:

Reporting Contré Personnel's Signature

Name:

NRIC/FIN No.:







Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

1 of 3 Report No. T/20171218/2156

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/12/2017 19:40		Made:	Vide Report No.:	Station Diary No.:		
Informa	ent's Partic	ulars	· 1 等在公司 (1000年) 下京 (1000年)	55		
LEE CH	f Informant IUN WENG		Address: APT BLK 19 SEMBAWANG 757052	CRESCENT #10-35 SINGAPORE		
ID Type / ID No.: NRIC NO / S6833432B			Contact No.: Home/Office:	Motific Research		
Nationality: SINGAPORE CITIZEN		EN	Email: Mobile: 91839205			
Sex: Male	Age: 49	Date of Birth: 06/09/1968	Type of Informant: Vehicle Owner			
Race: Chinese			Language:	Institution / School Name:		
Occupat BUSINE	ion: SS MANAG	ER	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/12/2017 12:45	Type of Location Car Park	
Location: Along Road 1 SERANGOOI B/237 Carpari	AVENUE 3				
Weather: Road		Road Surface: Wet	1	Road Speed Limit:	
		7.774		Traffic Volume: No Traffic	
Traffic Flow: One Way Type of Collisi	000	Traffic Control: Not Controlled		Traffic Volume: No Traffic	

Vehicle No.	ehicle Invo	-				15 /5 (ii) 0000000000000000000000000000000000
THE RESERVE OF THE PARTY OF THE	Туре	Make	Model	Color	Condition	No of Passenge
SKW8135R Car	HONDA	vezel	White	Oliver	INO OF Passenger	
		10201		Slightly	0	
SLM9261T Car KIA niro Whit	100.0	Damaged				
	1020000	1303	THIO	VVhite		0

Vehicle No.	Insurance Company	Inc. ac. M	-	-
SKW8135R NTUC Income Insur Limited	NTUC Income Income	Insurance No	Effective	Expiry Date
	Limited			





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 2 of 3 Report No. T/20171218/2156

Tel No: 1800-5549999

CONTINUATION OF REPORT

Details of Perso	n Involved	State State	1	10 6 10	200	100000000000000000000000000000000000000
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL L			Use of Peo	Use of Pedestrian Crossing: NA		
Vehicle Owner		St. 97. 1988			TREE IN	THE STATE OF THE PARTY OF THE P
Name	LEE CHUN WENG		ID No	k:	S6833432B	
Related Vehicle	SKW8135R (Car)		Conta	ct No.	91839205	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of		NIL	

Brief Details.

On the above mentioned date time and place. I discovered my parked vehicle at lot 43 was damage on the front right bumper with scratches found. I check thru my in car recording. I suspect the white Kia could have graze onto my bumper while reverse park into the lot no 42. I am lodging report for traffic investigation purpose. The driver did not leave down any note after the accident.





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 3 of 3 Report No. T/20171218/2156

CONTINUATION OF REPORT

Sketch Plan

NP168

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 F / Staff Sgt TEO BOON PIEW	Signature Of Informant:
Signature Of Interpreter: Not applicable Singapore Police Force	Date/Time: 18/12/2017 19:40
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	J

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