

## 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 withholding 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	21/02/2018 15:54
Date Of Accident	15/02/2018 16:40
Exact Location Of Accident	BLK 471 PASIR RIS DRIVE 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK7555U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	XU LINTAI
NRIC No	S8716526D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87006485
Alternative Phone No	OTHERS-87006485

### Vehicle Particulars

Manufacturer	AUDI
Model	A4 3.2 FSI QU S-LINE AT ABS D/AB HID 4DR
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087568979
Cover Note Number	

### Driver

Name of Driver	XU LINTAI
NRIC No	S8716526D
Date Of Birth	17/06/1987
Occupation	INDOOR
Date Of Driving Pass	26/10/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87006485
Fax Number	
Contact Number	OTHERS-87006485
Email Address	NOEMAIL

Address	BLK 471 PASIR RIS DRIVE 06 #03-480
Postcode	510471
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	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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.G/201802197000

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3389D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## Accident Sketch Plan Pg. 1


### 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) 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.

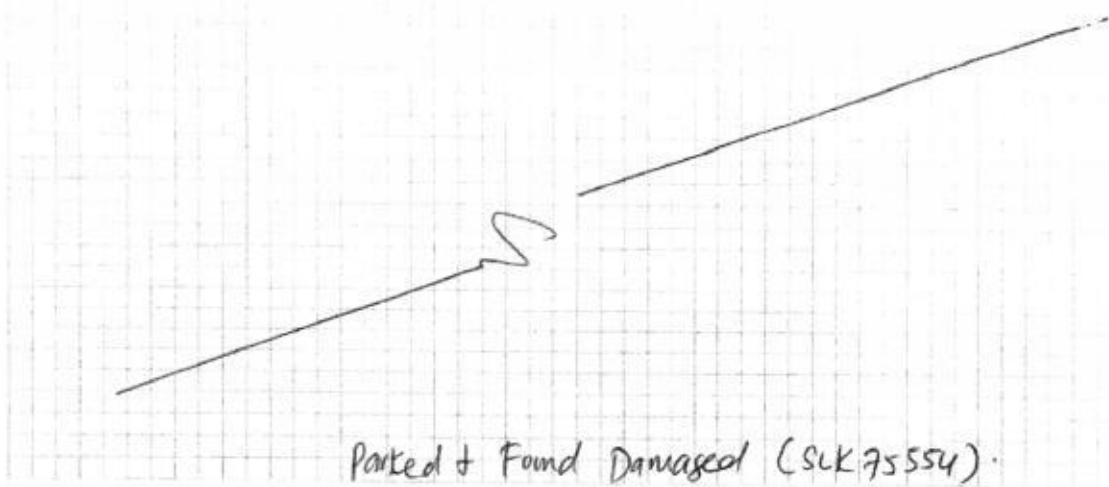
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**IDAC KAKI BUKIT (VAC)**  
**23 Kaki Bukit Ave 4**  
Reporting Centre Personnel's Signature  
**Singapore 415933**  
Name: **Ted**  
NRIC/FR NO: **67416697** Fax: **67492305**  
Email: **vackb@singnet.com.sg**

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4

Reporting Centre Singapore 415933  
Name Tel: 67416697 Fax: 67492305  
NRIC/FIN No Email: [vackb@singnet.com.sg](mailto:vackb@singnet.com.sg)

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



G/20180219/7000

1 of 2

## **POLICE REPORT (NP299)**

Police Station Of Origin  
Bedok Police Divisional HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Report No. G/20180219/7000

Date/Time Report Made 19/02/2018 00:13		Vide Report No.		Station Diary No.	
Name Of Informant XU LINTAI		Address APT BLK 471 PASIR RIS DRIVE 6 #03-480 SINGAPORE 510471			
ID Type / ID No. NRIC NO / S8716526D		Contact No. Home/Office: Mobile: 87006485			
Nationality SINGAPORE CITIZEN		Email Address kelvinxult@gmail.com			
Occupation INTERIOR DESIGNER		Sex Male	Age 30	Date of Birth 17/06/1987	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 15/02/2018 16:30 - 15/02/2018 17:00		Location Of Incident APT BLK 471 PASIR RIS DRIVE 6 #03-480 SINGAPORE 510471			

### **Brief details.**

Dear Sir/Mdm, I would wish to lodge a report against a vehicle hit and run case. I parked my vehicle at my home open space carpark on the 15th February 2018. When I was retrieving my vehicle around 4.30pm on that day, I was informed by my vehicle in built video cam that there was an impact on my car. I traced back the record and realize that a Yellow Comfort Delgro Taxi SHB 3389 D reverse and hit onto my vehicle front bumper. The taxi then drove to my vehicle front parking lot and didn't alight to leave a note after knowing his/her car hit my car. My vehicle make is an Audi A4 continental vehicle.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2018 00:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



G/20180219/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180219/7000

Subjects Involved			
Victim			
Person Name	XU LINTAI		
ID Type	NRIC NO	ID No	S8716526D
Gender	Male	Age	30
Race	Chinese	Language	English
Occupation	INTERIOR DESIGNER		Address Type
Address	APT BLK 471 PASIR RIS DRIVE 6 #03-480 SINGAPORE 510471		Mobile No 87006485
Is Informant A Victim?	Yes		
Person Name	XU LINTAI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 19/02/2018 00:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	