

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	20/03/2018 11:27
Date Of Accident	26/02/2018 23:55
Exact Location Of Accident	BLK 824 TAMPINES STREET 81 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9917T
Insured/Policyholder	
Name Of Registered Owner	JAS & KEN FASHION
Co Reg No	53369317M
Email Address	KEN_NBK@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81218878
Alternative Phone No	OFFICE-81218878

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	GOING OUT FOR DINNER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097641805
Cover Note Number	

Driver

Name of Driver	NG BOON KIAN
NRIC No	S7119427B
Date Of Birth	14/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81218878
Fax Number	
Contact Number	OTHERS-81218878
EEmail Address	KEN_NBK@YAHOO.COM

Address	BLK 890A TAMPINES AVENUE 1 #14-311
Postcode	521890
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	NO COLLISION
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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	SLP2582Y
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)	

Sketch Plan

SKETCH PLAN

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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: 19/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 19/3/18

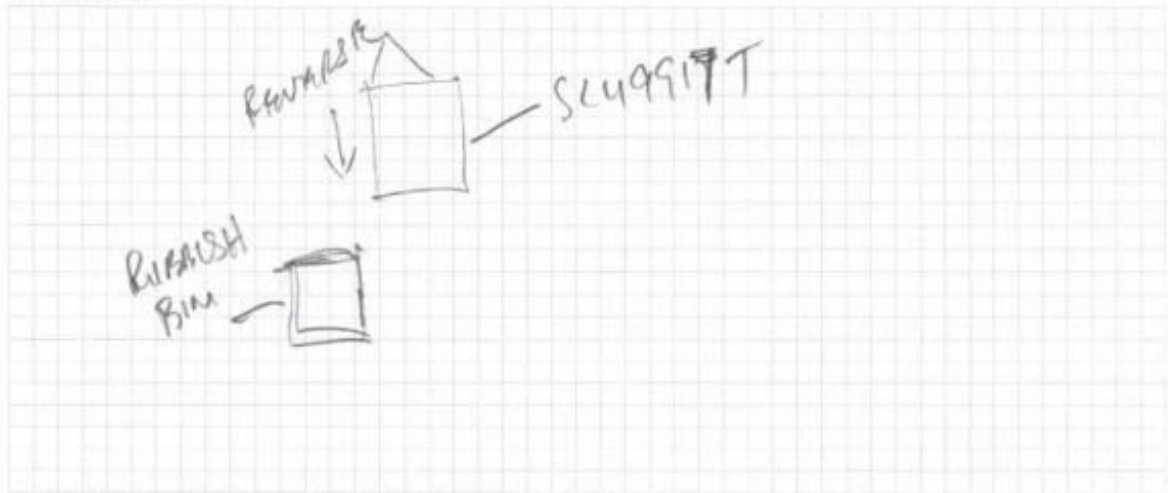
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was trying to park my car at 824 open-air car park and I reverse my car and it was dark which the lamp post light was not clear as I can see a rubbish beam was there and it was too late when I hit it. So I drive off the car park.

on 12/03/2018 I received a LETTER SUP2582Y CLAIM AGAINST me with I DID NOT NOTICE OF THE POLICEMAN THAT ALL

DECLARATION

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





Our Ref: MT/CA/TP/020/0984198-001/A/LC

12 Mar 2018

**CERTIFICATE OF POSTING
REMINDER**

JAS & KEN FASHION
BLK 890A #14-311
TAMPINES AVENUE 1
TAMPINES GREENTERRACE
SINGAPORE 521890

Dear Policyholder

CLAIM NUMBER: MT/0984198-001
ACCIDENT INVOLVING SLU9917T / SLP2582Y on 26 Feb 2018

We refer to our letter of 01 Mar 2018.

We have yet to receive your report on the accident. We would like to inform you that under your motor insurance policy, you have to report within 24 hours or the next working day after the accident, even if there is no damage to your vehicle. If you have not done so, please report the accident to any of our reporting centres immediately. Otherwise, we may not be able to handle the claim on your behalf.

We reserve the rights to seek recovery from you and/or your driver if we are bound by law or statute to settle the third party injury claim.

If you have any queries, please contact Azhari at 6430 7925 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe
Deputy Vice President
Motor Insurance

Sketch Plan #4



**SINGAPORE
POLICE FORCE**

Our Ref : TP/IP/13463/2018
Date : 13 March 2018

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6310
Fax +65 6547 4883
www.police.gov.sg

**Tampines Avenue 1
Tampines Green Terrace
Blk 890
#14-311
Singapore 520890**

URGENT

Dear Sir / Madam

ACCIDENT INVOLVING SLP2582Y and SLU9917T ALONG TAMPINES STREET 81 BLK 824 LOT 20 OSCP ON 26 FEBRUARY 2018 @ 11.53 PM

Our investigations showed that you are the registered owner / driver of **SLU9917T**, which is alleged to have been involved in a **minor RTA hit and run accident**.

2 You are required to provide the particulars of the driver on the above date and time within 14 days of receipt of this letter. Under the provisions of the Road Traffic Act, it is an offence not to provide the driver's particulars, and the owner can be liable to a fine of up to \$1,000/- or 6 months' imprisonment.

3 In addition, please inform the driver to lodge an online Police Report of a Traffic Accident (NP168) using SingPass via the SPF Electronic Police Centre¹ (<http://www.police.gov.sg/epc>). Alternatively, the report may be lodged at any Police Post or Neighbourhood Police Centre. Do note that failure to lodge a report may have an adverse effect against the involved party.

4 The information given by the driver in the report will be carefully considered. The driver may not be called upon an interview if the information provided is sufficient for our investigation. If you have video evidence, you can send it to the Investigation Officer (IO) via email Lee_ming_cai@spf.gov.sg. If the file size is too big, you can make arrangements with IO Philip Lee at his office number 6547 6960 for a convenient method of retrieval.

Yours faithfully,

**TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER / TRAFFIC POLICE**

This is a computer-generated letter. No signature is required.

Particulars of the driver of SLU9917T on 26 February 2018 at 11.53 pm:-

Name :	NRIC / FIN / PP No.	Address :
Contact No :		

I affirm that the information I gave above is true and correct.

Name / Contact No of Registered owner

Signature of Registered vehicle owner

Date

*Please mail, fax or email a soft copy of the completed form, addressed to the Investigation Officer.

¹ For the purpose of lodging this report, please select 'Yes' for "Was anyone injured?" under "Step 2: Accident Info", even if you are not injured because another involved party was injured. For similar reason, please select 'Slight' for "Degree of Injury" under "Step 4: Person Involved".

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



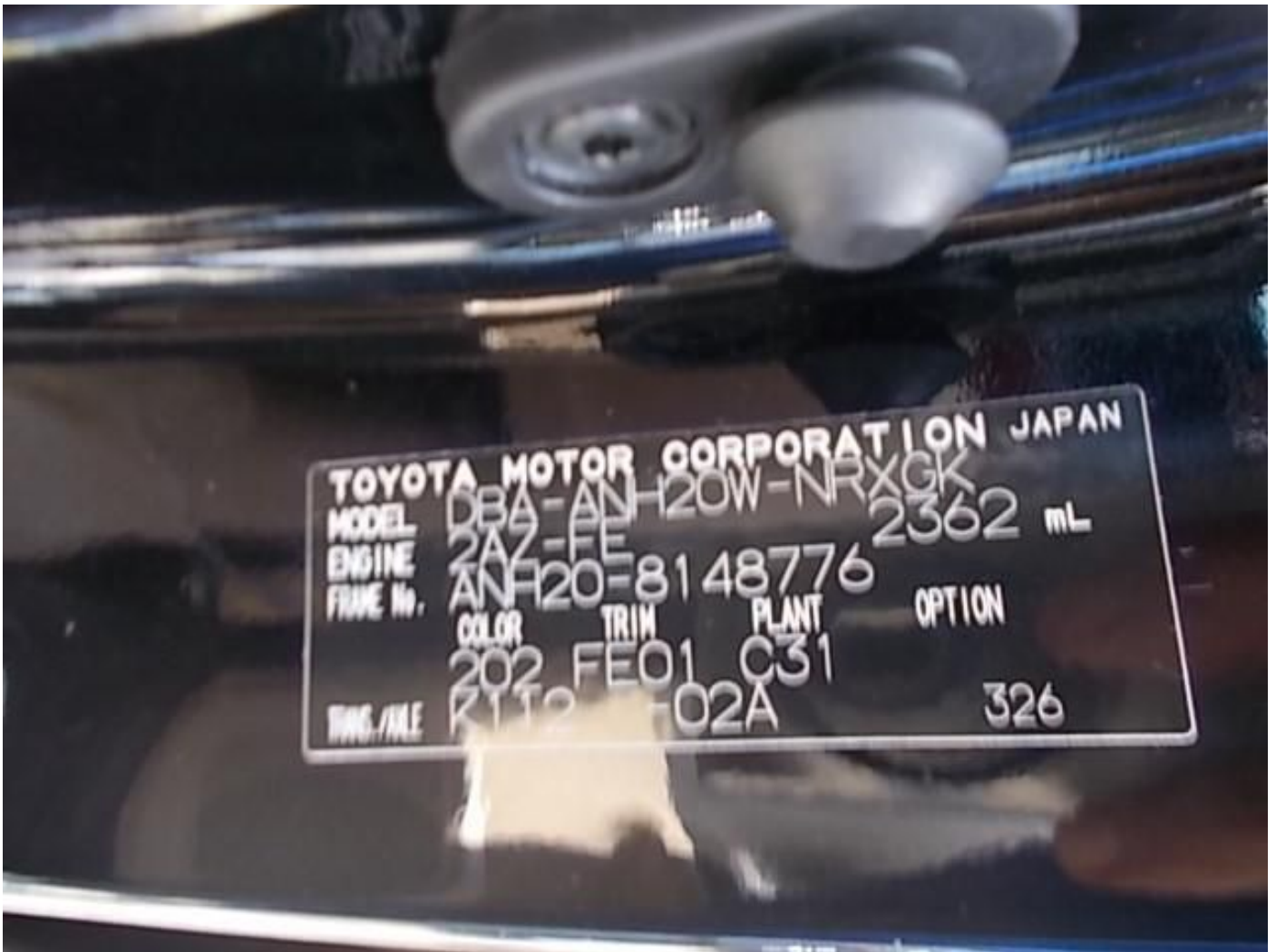
Accident Photo



Accident Photo



Accident Photo



Accident Photo

