

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 12:34
Date Of Accident	19/03/2018 06:35
Exact Location Of Accident	DRIVEWAY BESIDE BLK 566 HOUGANG ST 51 MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDB9938C
Insured/Policyholder	
Name Of Registered Owner	LI KIN KWOK
NRIC No	S2592700A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94883833
Alternative Phone No	OFFICE-94883833

Vehicle Particulars

Manufacturer	SUZUKI
Model	BALENO
Exact Purpose for which vehicle was being used at time of accident	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	5093095656
Cover Note Number	

Driver

Name of Driver	LI KIN KWOK
NRIC No	S2592700A
Date Of Birth	25/10/1958
Occupation	INDOOR
Date Of Driving Pass	25/11/1983
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94883833
Fax Number	
Contact Number	OFFICE-94883833
Email Address	NOEMAIL

Address	BLK 565 HOUGANG ST 51 #03-476
Postcode	530565
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180319/2181

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3999M
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


SKETCH PLAN


IMPORTANT NOTICE

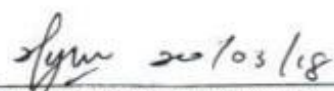
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

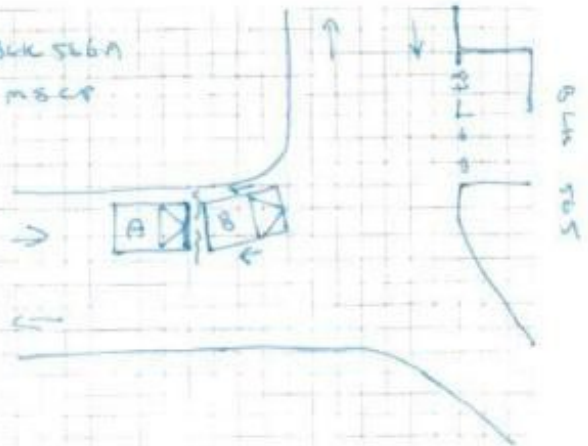

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Vennicula A - 50.8 m 39C
 Vennicula B - 51.1C 39.97m

BLK 566A
MSCF



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS P&R POLICE REPORT

REPORT NO.

T/20180319/2181

VEHICLE A - SP09938C

VEHICLE B - 3HC 3999M

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: _____

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180319/2181

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180319/2181

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SDB9938C	NTUC Income Insurance Co-Operative Limited	5093095656	05/09/2017	04/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LI KIN KWOK	ID No.	S2592700A
Related Vehicle	SDB9938C (Car)	Contact No.	94883833
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 19/03/2018 at about 0200hrs, I parked my vehicle (SDB9938C) at the roadside beside the MSCP of Blk 565 Hougang St 51 #03-476 before heading home. Prior to leaving for home, my vehicle was seen to be intact with no damages.

On 19/03/2018 at about 0830hrs, I proceeded down to retrieve my vehicle. However, I discovered that there was a dent at the front bottom bumper of my vehicle. As such, I made a check on the footages of the dashcam installed in my vehicle and noticed that on 19/03/2018 at about 0633hrs, another vehicle (Blue Comfort Taxi SHC 3999M) dropped off a passenger at the location and subsequently, the driver made a reverse and during the attempt, the rear of his vehicle knocked into the head of my vehicle. The driver then drove off without stopping to made a check or to leave any contact particulars behind.

I wish to inform that I am lodging this report for insurance claiming against the driver.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180319/2181

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 536775
Tel No: 1800-4890999

Report No: T/20180319/2181

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 21:34		Video Report No.:		Station Diary No.: 134	
Informant's Particulars					
Name of Informant: LI KIN KWOK			Address: APT BLK 565 HOUGANG STREET 51 #03-476 SINGAPORE 530565		
ID Type / ID No.: NRIC NO / S2592700A			Contact No.: Home/Office:		Mobile: 94883833
Nationality: BRITISH NATIONAL OVERSEAS			Email:		
Sex: Male	Age: 59	Date of Birth: 25/10/1958	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Jewellery worker (general)			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 19/03/2018 06:35	Type of Location: Straight Road
Location: Along Road 1 HOUGANG STREET 51				
Road beside Blk 565 Hougang Street 51 MSCP				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDB9938C	Car	SUZUKI	BALENO 1.2XG A	Silver	Slightly Damaged	0
SHC9999M	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Blue		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20150319/2181

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20150319/2181

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SDB9938C	NTUC Income Insurance Co-Operative Limited	5093095856	05/09/2017	04/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LI KIN KWOK	ID No.	S2592700A
Related Vehicle	SDB9938C (Car)	Contact No.	94883833
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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I wish to inform that I am lodging this report for insurance claiming against the driver.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180319/2181

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Hougang N.P.O
80 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20180319/2181

CONTINUATION OF REPORT

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

F /

Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2018 21:34

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476802

Classification Of Case:

Authentication Stamp

NP188