

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	26/03/2018 12:28
Date Of Accident	23/03/2018 17:00
Exact Location Of Accident	PIE EXIT TOWARDS LORNIE ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLN4949X
Insured/Policyholder	
Name Of Registered Owner	LOO SAY CHYE JOACHIM
NRIC No	S7640908J
Email Address	JOACHIMLOO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96935714
Alternative Phone No	OTHERS-96935714
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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	5090858900
Cover Note Number	
Driver	
Name of Driver	LOO SAY CHYE JOACHIM
NRIC No	S7640908J
Date Of Birth	31/12/1976
Occupation	INDOOR
Date Of Driving Pass	15/12/1995
Driving Experience	22 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96935714
Fax Number	
Contact Number	OTHERS-96935714
EMail Address	JOACHIMLOO@HOTMAIL.COM

Address	9 BISHAN STREEY 15 #03-12
Postcode	573909
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	SIDE SWIPE
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?	
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT REN NO: F/20180324/7010

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ570R
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

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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: 26/03/18

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26/03/18

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/82 Sin Ming Ind Est
Singapore 570543
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

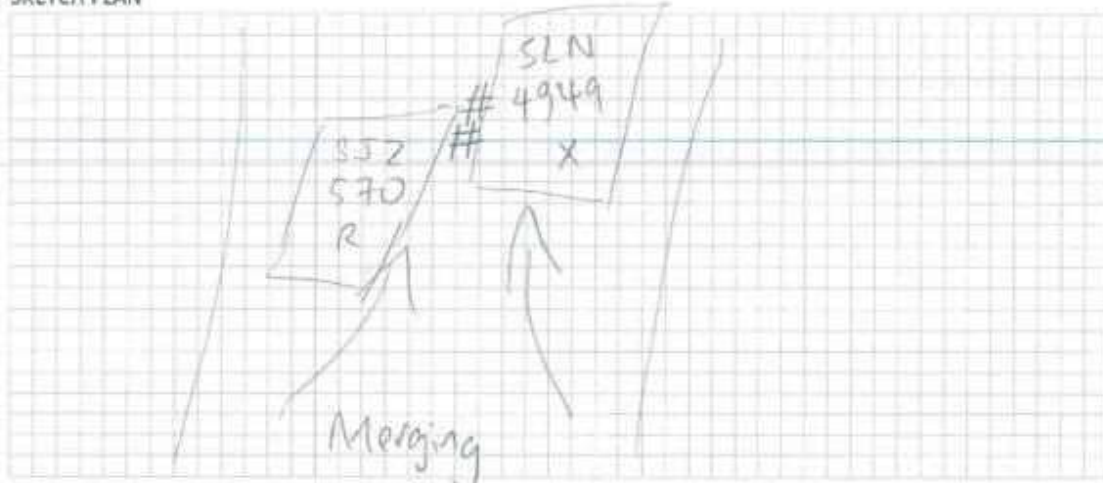
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report ref no: F/20130324/17010.

DECLARATION

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

Policyholder's Signature _____

Date & Time:

Signature
26/03/18

Driver's Signature _____

(if driver is not the policyholder)

Date & Time: 26/07/18

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60B1 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7044
(Claims Section)

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:



POLICE REPORT (NP299)

Report No. F/20180324/7010

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 24/03/2018 11:34	Vide Report No.	Station Diary No.
Name Of Informant LOO SAY CHYE JOACHIM	Address 9 BISHAN STREET 15 #03-12 SINGAPORE 573909	
ID Type / ID No. NRIC NO / S7640908J	Contact No. Home/Office: Mobile: 96935714	
Nationality SINGAPORE CITIZEN	Email Address joachimloo@hotmail.com	
Occupation Associate Professor	Sex Male	Age 41
	Date of Birth 31/12/1976	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 23/03/2018 17:00 - 23/03/2018 17:15	Location Of Incident 9 BISHAN STREET 15 #03-12 SINGAPORE 573909	

Brief details.

I was involved in a minor accident with vehicle no.: SJZ 570R at the merging lane when exiting PIE (towards Changi) into Lornie Road. The driver admitted to his mistake but I am filing a police report to claim for insurance against his vehicle. At the merging lane, I was ahead of his vehicle. Despite of that, he intentionally squeeze through, resulting in a scratch against my vehicle. I have supporting evidence for this through video and photos. Kindly advise the steps ahead. Thank you.

Subjects Involved	
Suspect	
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: 24/03/2018 11:34
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20180324/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180324/7010

Person Name	Driver of SJZ 570R		
Gender	Male	Age	45-60
Race	Chinese	Language	English
Victim			
Person Name	LOO SAY CHYE JOACHIM		
ID Type	NRIC NO	ID No	S7640908J
Gender	Male	Age	41
Race	Chinese	Language	English
Occupation	Associate Professor	Address Type	
Address	9 BISHAN STREET 15 #03-12 SINGAPORE 573909	Mobile No	96935714
Is Informant A Victim?	Yes		
Person Name			
LOO SAY CHYE JOACHIM (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: 24/03/2018 11:34
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	