### 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 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.
- 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	02/04/2018 17:24
Date Of Accident	27/03/2018 23:40
Exact Location Of Accident	MOULMEIN ROAD SLIP ROAD TO CTE TWDS WOODLANDS
Country/State of Loss	SINGAPORE

SJJ5466K

Vehicle Registration Number

Insured/Policyholder

Name Of Registered Owner STARS RENTAL & LEASING

Co Reg No 53312317L

Email Address STARSRENTLEASE@GMAIL.COM

Mobile Phone No (LOCAL) +65-81893831
Alternative Phone No OFFICE-90877770

Vehicle Particulars

Manufacturer TOYOTA

Model ALTIS 1.6A

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 THIRD PARTY

Fleet Policy NO

Policy Number 5085942280-01

Cover Note Number

Driver

Name of Driver YIO CHEE KIANG

NRIC No S6916677F

Date Of Birth 25/05/1969

Occupation OUTDOOR

Date Of Driving Pass 26/06/1989

Driving Experience 28 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81893831

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 897B WOODLANDS DRIVE 50 #11-178 Address

SINGAPORE

Postcode 731897

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

Vehicle

OTHER - HIRER

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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 NO

ambulance?

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) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

SINGAPORE

NO

YES

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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

SHA9878A

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category IXAT

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 interested parties.
- 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 the contraction of the
  - 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Sketch Plan #2 Pg. 1

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		CIE WOODER ID		
A- \$17 5466 KD			TAK T	
B = 5HH 97678A			100	
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		MOULMENRD		
CRIBE CIRCUMSTANCES OF 1	HE ACCIDENT			
S STATED IN POLICERE	)*i?*T			
2 2 14 (CA W LOCKER LACE				***
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declare the foregoing particular	s are true in every r			
	s are true in every r		У.	
	s are true in every I	respect.		Personnel's Signature

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# Common Statement Pg. 1





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 1 of 3 Report No. T/20180328/2165

REPORT	OF A TRAFFI	C ACCIDENT				
	ne Report N 018 17:23	//adé:	Vide Report No.:	Station Diary No.: 179		
Informa	nt's Partic	ulars				
Name of	f Informant: EE KIANG		Address: APT BLK 897B WOODLAND SINGAPORE 731897			
ID Type / ID No.: NRIC NO / S6916677F			Contact No.: Home/Office:	Mobile: 81893836		
National SINGAP	ity: PORE CITIZ	'EN	Email:			
Sex: Male	Age: 48	Date of Birth: 25/05/1969	Type of Informant: Driver			
Race: Chinese		76	Language: English	Institution / School Name:		
Occupation: TECHNICAL OFFICER		CER	Driving Licence Information:	Date of Evniry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/03/2018 23:40	Type of Location SLIP ROAD
Location: Along Road 1 MOULMEIN F		O CTE TOWARDS WO		
Weather: Clear		Road Surface:		Road Speed Limit:
	8	Traffic Control: Not Controlled		noffic Malusses
Traffic Flow: One Way		Not Controlled	10.	raffic Volume: .ight

lype	Make Model	Color	Condition	No of Passenger
TAXI			No	0
Car			Slightly	0
				Damage

Details of Person Involved	
Any Pedestrian Involved: No	The second secon
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

### Common Statement Pg. 1





Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

2 of 3 Report No. T/20180328/2165

CONTINUATION OF REPORT

Name	YIO CHEE KIANG		ID No		S6916677F	
Related Vehicle	NIL		Conta	ct No.	81893836	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ays granted Medical Leave NIL		Degree o	f Injury	NIL	

### Brief Details.

On 27/03/2018 at about 2340hours, I was driving my car, SJJ5466K alone and was waiting at slip road of Moulmein Road to enter CTE. The weather was clear and the road was dry. The traffic was light. Suddenly, there was an impact at the back of my car. I then decided to stop at the side of the road to make a check however when I stopped, the Comfort taxi (SHA9878A) just drove past me and did not stop. Then I proceeded to home and made a check on the damage on my car on the 28/03/2018 morning. I did not make the check on 27/03/2018 as it was night and dark. My vehicle sustained minor dents and scratches at the back. There is no in-car camera in my vehicle. No injuries as of now. I already contacted Comfort Delgaro to notify them on the matter and they informed that they will ask the driver to lodge a report.

## Common Statement Pg. 1





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999 3 of 3 Report No. T/20180328/2165

CONTINUATION OF REPORT

Sket	tch	P	lan

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 J / Sgt 3 NARENDREN S/O THANGARAJAH	Signature Of Informant:
Signature Of Interpreter:	Date/Time:
Not applicable	28/03/2018 17:23
Officer In Charge Of Case:	Classification Of Case:
SI KALESWARI PALANI	
Contact No.: 65476902	
Authentication Stamp	