

## 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	09/04/2018 11:17
Date Of Accident	09/04/2018 06:45
Exact Location Of Accident	KOVAN RD BETWEEN HOUSE UNIT 4E AND 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGM7816R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MRS JANETTA LAM LAM LEUNG FUNG
NRIC No	S2615017E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98243924
Alternative Phone No	OFFICE-98243924

### Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXA
Exact Purpose for which vehicle was being used at time of accident	PARKED VEHICLE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5023987283-10
Cover Note Number	-

### Driver

Name of Driver	LAM OWEN
NRIC No	S8571196B
Date Of Birth	27/11/1985
Occupation	INDOOR
Date Of Driving Pass	27/09/2004
Driving Experience	13 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98243924
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 237 HOUGANG ST 21 #10-382
Postcode	530237
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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	
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 60 HOUGANG AVE 9 , <b>POSTCODE:</b> 538775 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4890999 - <b>FAX NO:</b> 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE 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

Vehicle Registration Number	SKK8630R
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)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SCR3848X
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


#### IMPORTANT NOTICE


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5. **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:
  - (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

A = SGM 7816 R  
B = SKK 8630 R  
C = SCR 2848 X

Kovan Rd Between house unit 4E and 6.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to 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:

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180409/2037

1 of 4

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

Report No. T/20180409/2037

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/04/2018 10:31	Vide Report No.:	Station Diary No.: 33
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### Informant's Particulars

Name of Informant: LAM OWEN	Address: APT BLK 237 HOUGANG STREET 21 #10-382 SINGAPORE 530237		
ID Type / ID No.: NRIC NO / S8571196B	Contact No.:	Mobile: 98243924	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 32	Date of Birth: 27/11/1985	Type of Informant: Vehicle Owner
Race: Chinese	Language:		Institution / School Name:
Occupation: Building architect	Driving Licence Information: Class: 3		Date of Expiry:

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/04/2018 06:45	Type of Location: Straight Road
Location: Along Road 1 KOVAN ROAD				
Between house unit 4E and 6				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
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
SCR3848X	Car	MERCEDES BENZ	C180	Brown	Slightly Damaged	0
SGM7816R	Car	NISSAN	Sunny	Silver	Slightly Damaged	0
SKK8630R	Car	VOLKSWAGO N	Passat	Blue		0



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Report No. T/20180409/2037

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	Janetta Lam Lam Leung Fung	ID No.	S2615017E
Related Vehicle	SCR3848X (Car)	Contact No.	96600449
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	LAM OWEN	ID No.	S8571196B
Related Vehicle	SGM7816R (Car)	Contact No.	98243924
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 the night of 8 Apr 2018, my mother (Janetta Lam, S2615017E) and I parallel parked our vehicles along Kovan Road that was located between house unit 4E and 6. My vehicle was parked in front of my mother's car and there was a gap of about 5 meters between our cars.

On 9 Apr 2018 at about 6.45am, my mother was looking out of the window from house unit 6A and saw a vehicle (Volkswagen Passat, SKK8630R) trying to do parallel parking into the gap between our cars. As the vehicle was reversing in, it hit onto the front bumper of my mum's vehicle (Brown Mercedes C180, SCR3848X). The driver of SKK8630R then came out to make a check and continued with the parking thereafter. After several attempt, the driver decided to move off as he seemed unable to park into the gap. However, as the driver was driving off, his vehicle hit onto the right rear of my vehicle (Silver Nissan Sunny, SGM7816R). The driver did not step down to make any check. The driver then slowly reversed his vehicle and parked the vehicle one car behind my mother's car. My mother's vehicle (SCR3848X) suffered deep scratches on the front bumper and number plate. My vehicle (SGM7816R) suffered deep scratches on the right of rear bumper.

I wish to add that my mother saw a passerby talking to the owner of SKK8630R and kept pointing at both our vehicles. She did not managed to hear the content nor stopped the vehicle owner of SKK8630R as he was walking away in a haste. He did not leave any contact details for us. There is no camera installed in my car (SGM7816R). There is camera installed in my mother's vehicle (SCR3848X) but it will record only when the ignition is turned on.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180409/2037

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

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Report No. T/20180409/2037

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
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T/20180409/2037

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Tel No: 1800-4890999

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Report No. T/20180409/2037

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 / Insp A LEE HIANG HAO 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2018 10:31
Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No.: 65476215 	Classification Of Case: 
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo



