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	10/04/2018 16:54
Date Of Accident	09/04/2018 02:40
Exact Location Of Accident	SLIP RD BKE TWDS KJE (PIE)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJS707B
Insured/Policyholder	
Name Of Registered Owner	HALLMARK AUTOHUB PTE LTD
Co Reg No	201523050K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62199330
Vehicle Particulars	
Manufacturer	LEXUS
Model	-
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	REPORTING ONLY
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	5072991822-02
Cover Note Number	
Driver	
Name of Driver	DARREN GAN KAH HOE
NRIC No	S9718029F
Date Of Birth	28/05/1997
Occupation	INDOOR
Date Of Driving Pass	18/06/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91518119
Fax Number	
Contact Number	OFFICE-91518119
EMail Address	NOEMAIL

Address	BLK 510 CHOA CHU KANG STREET 51 #11-239
Postcode	680510
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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	KAMPONG GLAM NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: 17A BEACH ROAD , **POSTCODE:** 199596 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2989999 - **FAX NO**: 62936498
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180410/2112.

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	PROPERTY
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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.

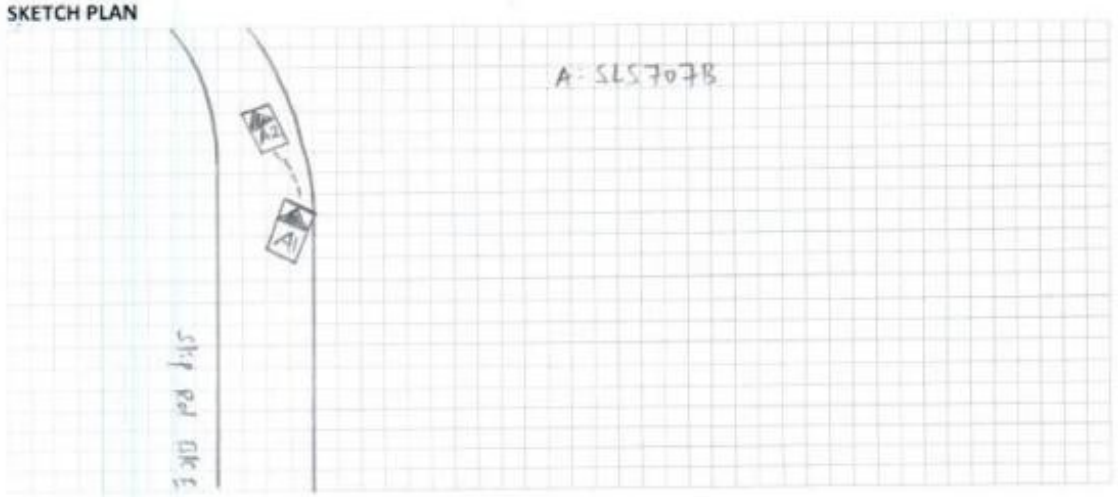
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report-T/20180410/2112.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20180410/2112

Report No. T/20180410/2112

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
10/04/2018 16:03		45

Informant's Particulars

Name of Informant: DARREN GAN KAH HOE			Address: APT BLK 510 CHOA CHU KANG STREET 51 #11-239 SINGAPORE 680510	
ID Type / ID No.: NRIC NO / S9718029F			Contact No.: Home/Office:	Mobile: 91518119
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 20	Date of Birth: 28/05/1997	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CAR DEALER			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	09/04/2018 02:40	Straight Road

Location:
Along Road 1
BUKIT TIMAH EXPRESSWAY

BKE GOING UP TO KJE

Weather:	Road Surface:	Road Speed Limit:
Cloudy	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
One Way	Not Controlled	Light
Type of Collision:		Anyone conveyed by ambulance:
Moving vehicles against side wall		No

Particulars of Vehicle(s) Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
SJS707B	Car				Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20180410/2112

Report No. T/20180410/2112

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

CONTINUATION OF REPORT

Brief Details.

I am working at a car dealer namely HAMILTON AUTOHUB PTE LTD for the past 3weeks.

On 9/4/2018 at about 0200hrs I was driving one of the company car(SJS707B) home from a company event held at EXPO Hall 3. I was given permission to drive the vehicle back home from my supervisor(ANDY ANG). However, when I was travelling at BKE going up to KJE, I got drowsy and I fell asleep while travelling on KJE on the extreme left lane.

As such, I collided the vehicle onto the expressway road shoulder wall. My vehicle sustained damaged front left headlights and bumper and had to be towed away. The road shoulder wall also sustained black patches however no visible cracks or damage.

I called for police however I was not given any case or report number. I do not remember the police officer's names as well. I did not suffer any injury from the collision. The police called for a towing truck and the tow truck came about 20minutes later and I followed the tow truck.

I am lodging this report for my company insurance purpose as I was informed that I needed to make a police report as I had hit unto government property. That is all.

SINGAPORE POLICE FORCE

T/20180410/2112

Report No. T/20180410/2112

Police Station Of Origin:
Kampong Glam NPP
17A Beach Road SINGAPORE 199596
Tel No: 1800-2989999

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: A / Sgt 2 BENEDICT KOH HAO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2018 16:03
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:

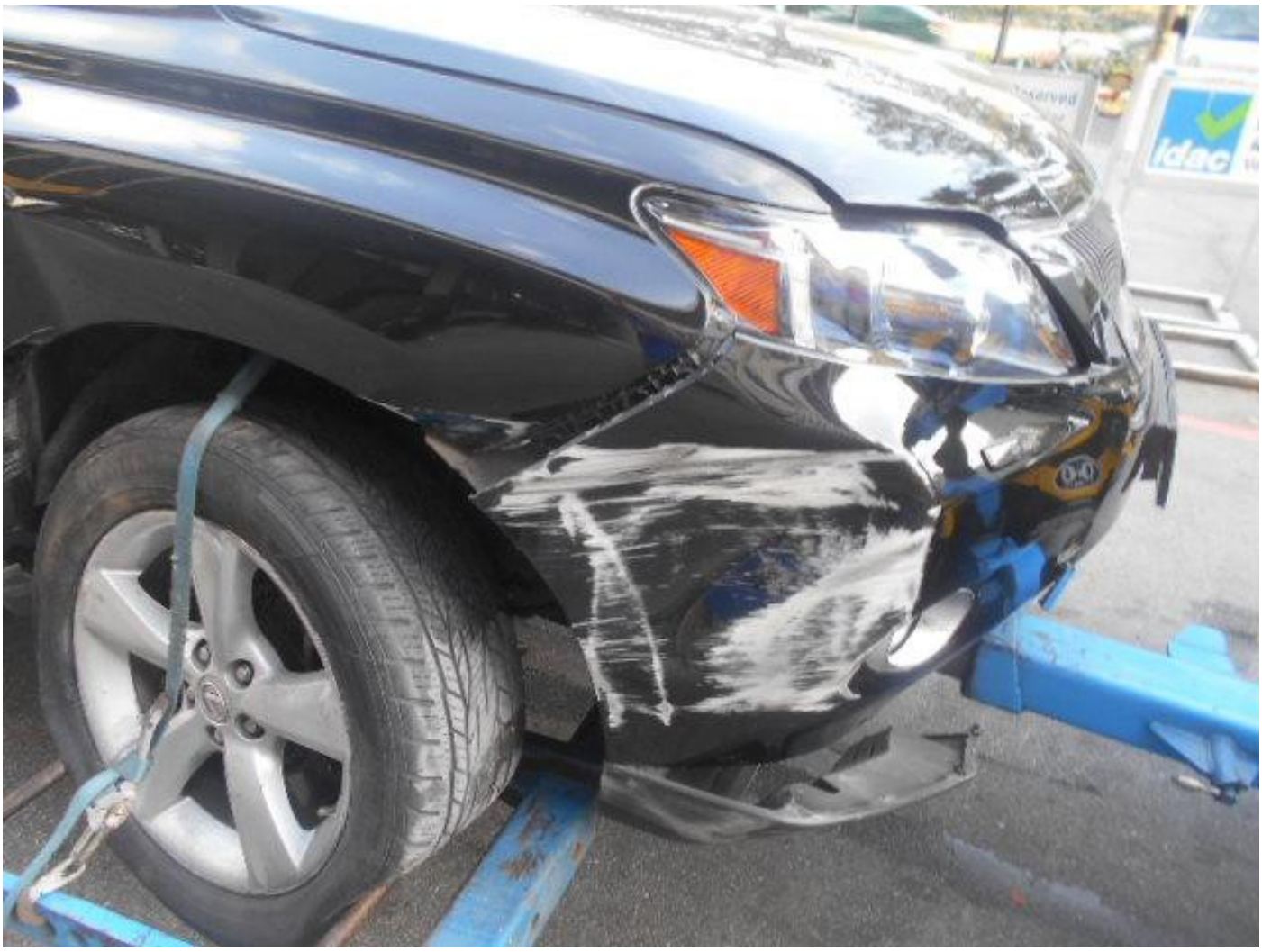
Authentication Stamp
NP168

Accident Photo

Accident Photo

Accident Photo

Accident Photo



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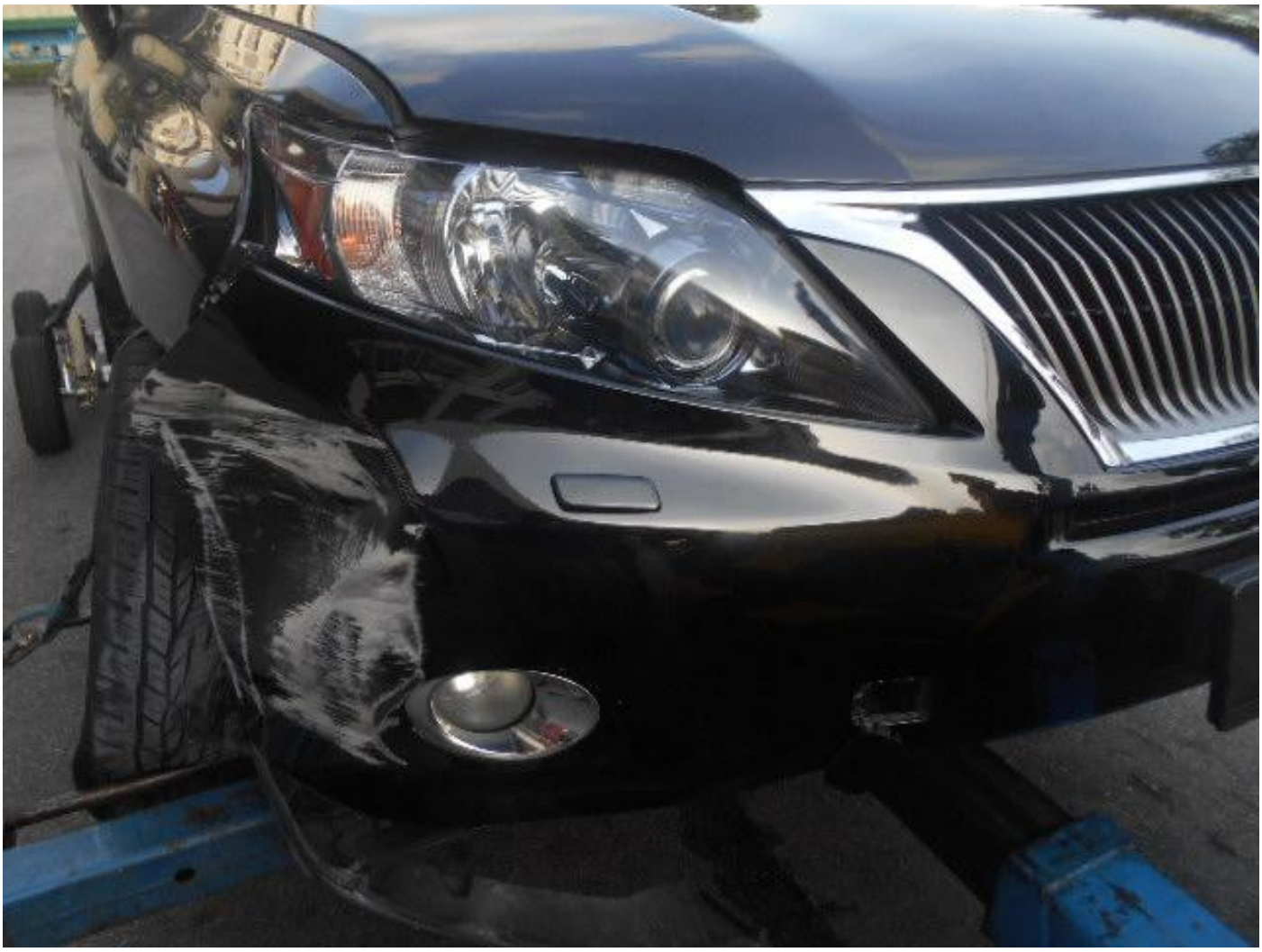

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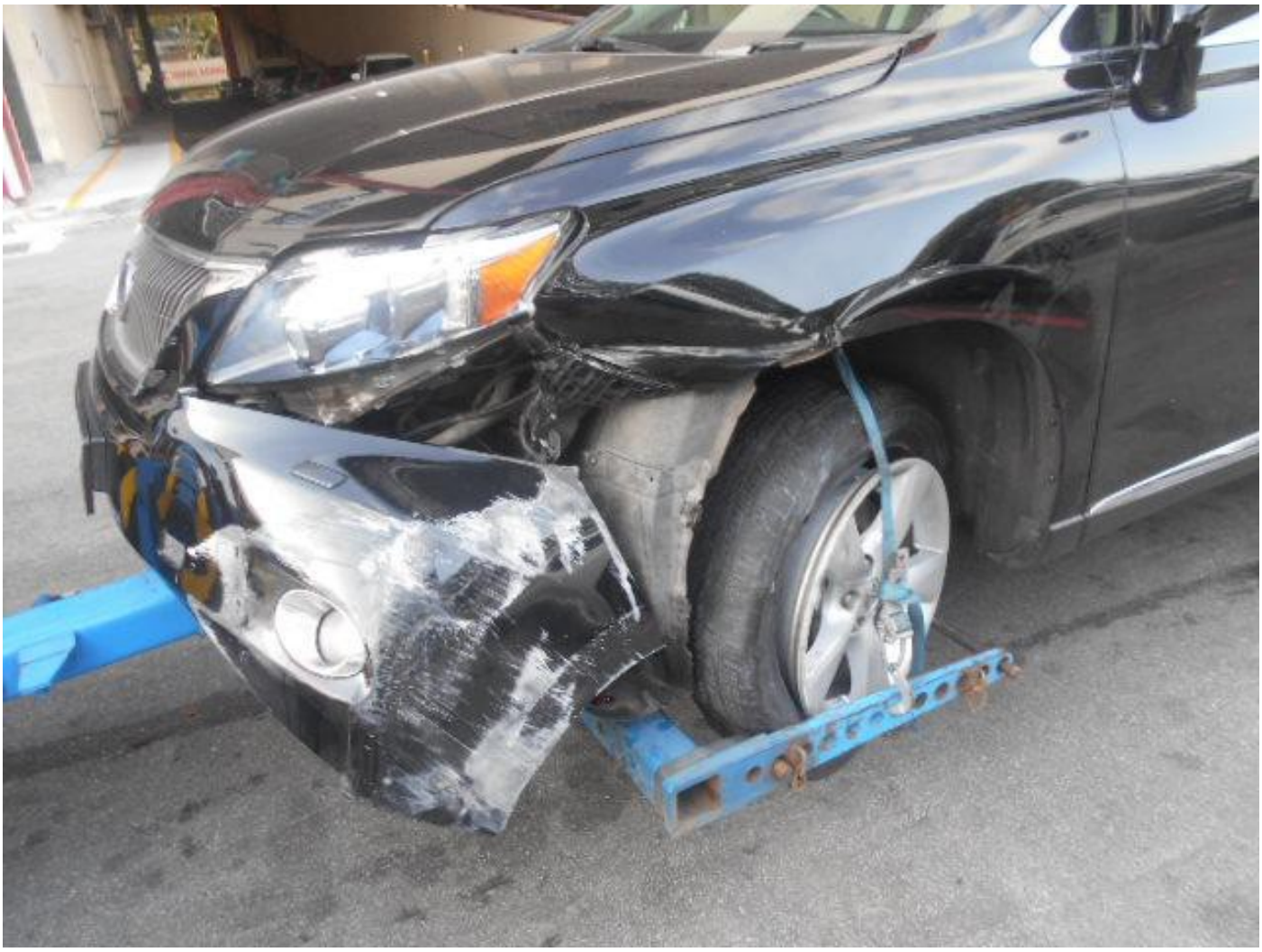

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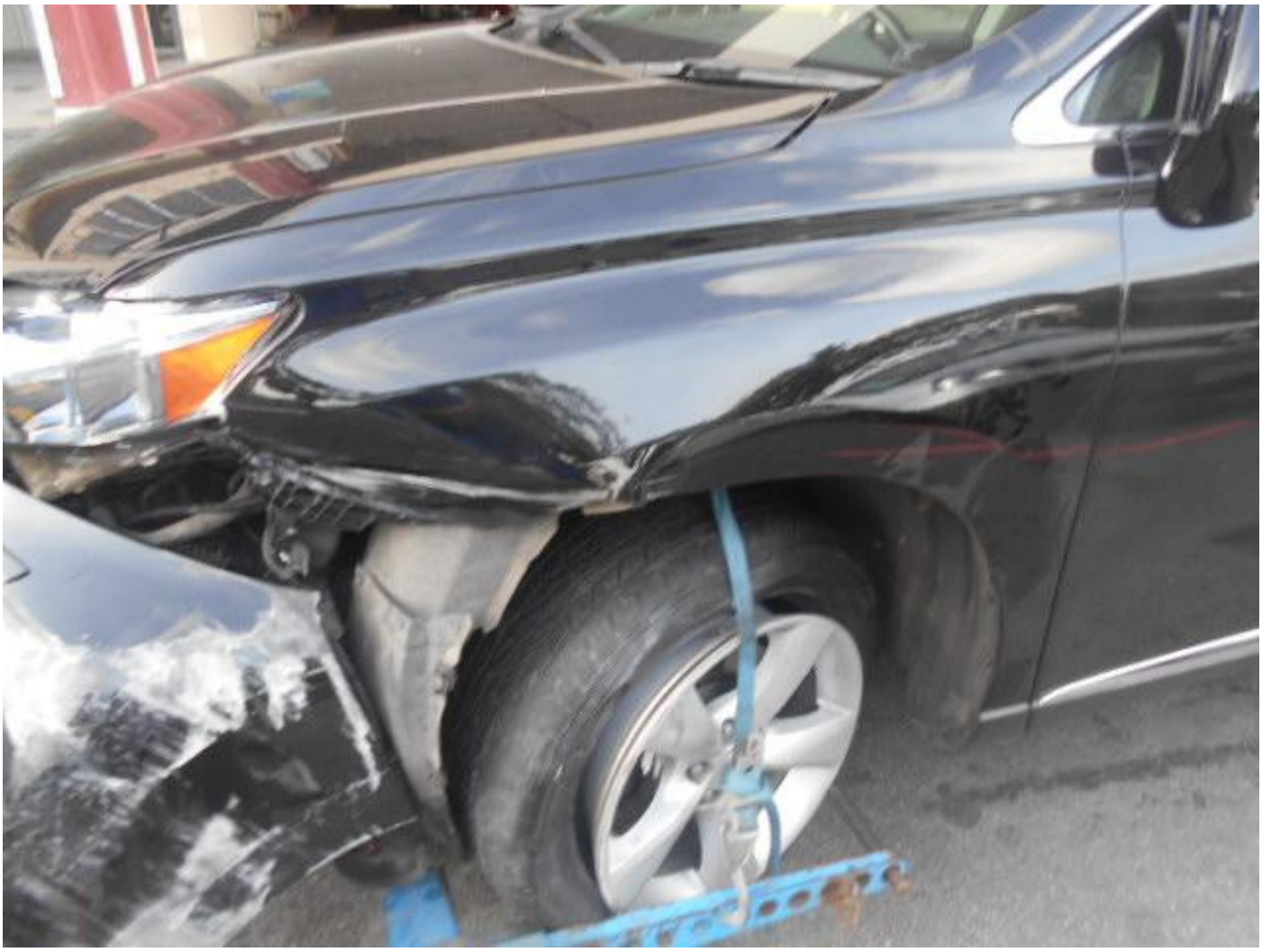

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