

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	23/04/2018 20:11
Date Of Accident	20/04/2018 11:20
Exact Location Of Accident	SIMS WAY BEFORE JUNC GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE8280G
Insured/Policyholder	
Name Of Registered Owner	LEOW CHIN HUA
NRIC No	S0418204I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96693663
Alternative Phone No	OFFICE-96693663

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095801992
Cover Note Number	

Driver

Name of Driver	LEOW CHIN HUA
NRIC No	S0418204I
Date Of Birth	18/08/1950
Occupation	INDOOR
Date Of Driving Pass	11/11/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96693663
Fax Number	
Contact Number	OFFICE-96693663
Email Address	NOEMAIL

Address	BLK 487 PASIR RIS DRIVE 4 #05-521
Postcode	510487
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	COLLISION - CHANGE/CROSS LANE
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 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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180423/2161.

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

No. Of Passenger (Including Driver)

2

Accident Sketch Plan

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:

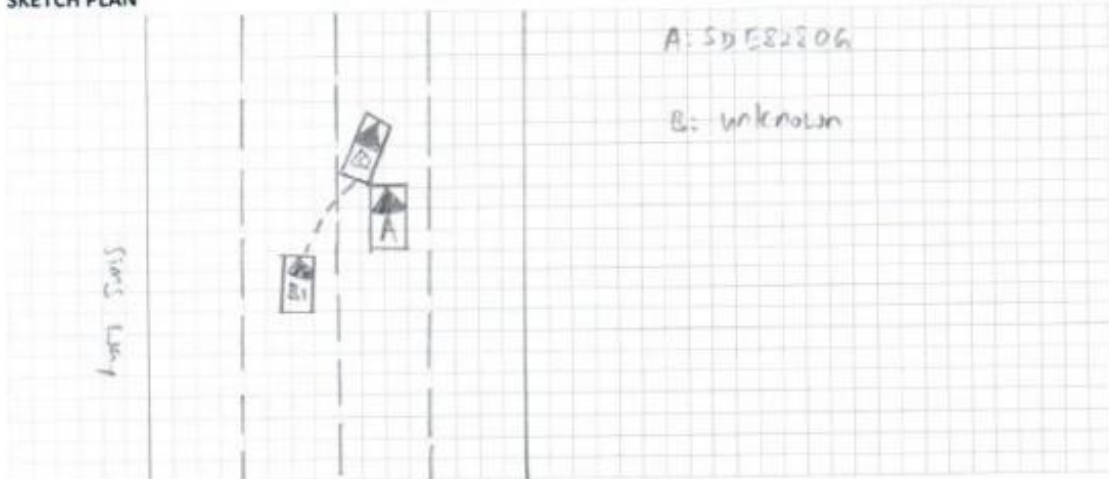
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

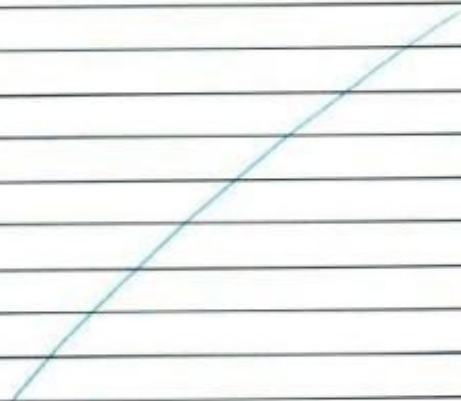
Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement:



The diagram shows a triangle with vertices labeled A, B, and C. A line segment is drawn from vertex A to a point on the side BC, labeled D. The line segment AD is drawn such that it is parallel to the base BC. The line segment AD is labeled with 'x' at both ends, indicating its length. The base BC is labeled with 'y' at both ends, indicating its length. The diagram is drawn on a grid of horizontal lines.

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.:

Accident Sketch Plan

SINGA RENOVATION AND RENOVATION CONTRACTOR

345 Guillemard Road,
Singapore 399766

Fax: 6383 3752

Tel: 6368 2746

Email: singa.reno@gmail.com

Date: 21 April 2018

NTUC Income

By Email Only

admin@indexagency.com.sg

Reporting of incident

Mercedes Benz (Licence SDE8280G)

Policy No. 5095801992

As required under Clause 3 of the Conditions of Contract of the above policy, I am reporting an incident which occurred at approximately 11.20 am yesterday (20 April 2018) wherein my abovenamed vehicle was knocked in the front left fender by a van where the driver is a Malay gentleman accompanied by a lady in the passenger seat. He hit me and then ran and I had no opportunity to record his licence plate.

Please note that I am only filing this report with you for record purposes in the event if the said Malay gentleman makes a claim against me. I am not making any claim for the damage sustained by my car.

Yours faithfully



Steven Leow

Police Report



**SINGAPORE
POLICE FORCE**



T/20180423/2161

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Report No. T/20180423/2161

POLICE REPORT (NP299)

Police Station Of Origin
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Date/Time Report Made <u>23/04/2018 18:12</u>	Vide Report No.	Station Diary No.
Name Of Informant <u>LEOW CHIN HUA</u>	Address <u>APT BLK 487 PASIR RIS DR 4 #05-521 HDB-PASIR RIS SINGAPORE 510487</u>	
ID Type / ID No. <u>NRIC NO / S0418204I</u>	Contact No. Home/Office	Mobile <u>96690663</u>
Nationality <u>SINGAPORE CITIZEN</u>	Email Address	
Occupation <u>CONTRACTOR</u>	Sex <u>Male</u>	Age <u>67</u>
Institution/School Name	Date of Birth <u>18/08/1950</u>	Race <u>Chinese</u>
Date/Time Of Incident <u>20/04/2018 11:00 - 20/04/2018 11:20</u>	Location Of Incident <u>SINGAPORE</u>	

Brief details.

As required under Clause 3 of the Conditions of Contract of the above policy, I am reporting an incident which occurred at approximately 11.20am (20 April 2018) wherein my above named vehicle was knocked in the front left fender by a van where the driver is a Malay gentleman accompanied by a lady in the passenger seat. He hit me and then ran and I had no opportunity to record his licence plate.

Please note that I am only filing this report with you for record purposes in the event if the said Malay gentleman make a claim against me. I am not making any claim for the damage sustained by my car.

Signature Of Officer Recording The Report: <u>TP / TONG HWEE SIONG</u>	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: <u>23/04/2018 18:12</u>
Officer In-Charge Of Case: TP / Traffic Police Department Investigation Branch / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp 	

Signature:

Police Report



SINGAPORE
POLICE FORCE



T/20180423/2161

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. T/20180423/2161

am lodging this report for my insurances.

that's all.

Signature Of Officer Recording The Report:

/ TONG HWEE SIONG

Signature Of Interpreter:
: applicable

Officer In-Charge Of Case:
/ Traffic Police Department Investigation Branch /
Off Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp

Signature Of Informant:

Date/Time:
23/04/2018 18:12

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

