

## 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	02/05/2018 09:29
Date Of Accident	01/05/2018 19:30
Exact Location Of Accident	ALONG LIANG SEAH STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS124H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	METAL GLASS DECO
Co Reg No	5093981862
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96465265
Alternative Phone No	OFFICE-96882452

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 MIVEC GLS 4A/T (A)
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093981862
Cover Note Number	06/09/2017 - 05/09/2018

### Driver

Name of Driver	TEO PEI HUAN (ZHANG PEIHUAN)
NRIC No	S8400790J
Date Of Birth	06/01/1984
Occupation	OUTDOOR
Date Of Driving Pass	23/05/2002
Driving Experience	15 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-96465265
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	59 PASIR RIS DRIVE 1 #08-16
Postcode	519532
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE HIRER
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WAS HAVING DINNER AT LIANG SEAH STREET ON 1ST MAY APPROX 5.30PM. I PARKED MY CAR AT THE SIDE OF THE ROAD. WHEN I WENT BACK TO MY CAR AT APPROX 8.15PM, ONE OF THE WITNESS WHO HAPPENED TO BE DINING AT THE RESTAURANT NEXT TO MY CAR CAME FORWARD AND TOLD ME THAT SHE SAW A COMFORT TAXI SHA1782U (VEHICLE B) WHO WAS PARKING BEHIND ME SCRATCHED MY CAR AND DROVE AWAY. THE WITNESS IS MS JOANNE, MOBILE NO 91195006. I WENT TO CHECK ON MY CAR IMMEDIATELY AND SAW THERE WAS SCRATCHES ON THE RIGHT SIDE OF MY REAR BUMPER.

#### 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	SHA1782U
Vehicle Make/Model/Colour	VEHICLE B
Details Of Properties	
Vehicle Category	
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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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.

METAL 3-ASS DECO  
Aloy

Policyholder's Signature  
Date & Time:

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



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

## Sketch Plan Pg. 2

### SKETCH PLAN

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to GIA Report & Police Report G1701805017015

## DECLARATION

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

Policyholder Signature  
Date & Time:

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

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





**SINGAPORE  
POLICE FORCE**



G/20180501/7015

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## POLICE REPORT (NP299)

Report No. G/20180501/7015

Police Station Of Origin  
Bedok Police Divisional HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made <b>01/05/2018 21:16</b>	Vide Report No.	Station Diary No.
Name Of Informant <b>TEO PEI HUAN (ZHANG PEIHUAN)</b>	Address: <b>59 PASIR RIS DRIVE 1 #08-16 SINGAPORE 519532</b>	
ID Type / ID No. <b>NRIC NO / S8400790J</b>	Contact No. Home/Office:	Mobile: <b>96465265</b>
Nationality <b>SINGAPORE CITIZEN</b>	Email Address <b>aloyteo@gmail.com</b>	
Occupation <b>SALES</b>	Sex <b>Male</b>	Age <b>34</b>
	Date of Birth <b>06/01/1984</b>	Race <b>Chinese</b>
Institution/School Name	Language <b>English</b>	
Date/Time Of Incident <b>01/05/2018 19:30</b>	Location Of Incident <b>16 LIANG SEAH STREET NIL SINGAPORE 189037</b>	

**Brief details.**

I was having dinner at Liang Seah Street on 1st May approx 6.30pm. I parked my car at the side of the road.

When I went back to my car at approx 8.15pm, one of the witness who happened to be dining at the restaurant next to my car came forward and told me that she saw a comfort taxi SHA1782U who was parking behind me scratched my car and drove away. The witness is Ms Joanne, mobile no 9119 5006. I went to check on my car immediately and saw there was scratches on the right side of my rear bumper.

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: <b>01/05/2018 21:16</b>
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



G/20180501/7015

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180501/7015

Your kind assistance in this matter is greatly appreciated.

Thanks,  
Aloysius Teo  
S8400790J  
SJS124H  
Mobile: 96465265

Subjects Involved			
Victim			
Person Name	TEO PEI HUAN (ZHANG PEIHUAN)		
ID Type	NRIC NO	ID No	S8400790J
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	SALES	Address Type	
Address	59 PASIR RIS DRIVE 1 #08-16 SINGAPORE 519532		Mobile No 96465265
Is Informant A Victim?	Yes		
Person Name	TEO PEI HUAN (ZHANG PEIHUAN) (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this  
report has been authenticated by  
SingPass. No signature is required.Date/Time:  
01/05/2018 21:16

Classification Of Case: