

## 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	15/05/2018 18:59
Date Of Accident	08/05/2018 23:10
Exact Location Of Accident	54 FOCH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE31S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH LOO ENG
NRIC No	S1605152G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97413131
Alternative Phone No	OFFICE-97413131

### Vehicle Particulars

Manufacturer	BMW
Model	328I 2.0 AT D/AB 4DR ABS HID NAV
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096872208
Cover Note Number	

### Driver

Name of Driver	NG BING HONG
NRIC No	S9228548J
Date Of Birth	10/08/1992
Occupation	INDOOR
Date Of Driving Pass	23/07/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90128488
Fax Number	
Contact Number	OFFICE-90128488
Email Address	NOEMAIL

Address	BLK 949 JURONG WEST STREET 91 #09-701
Postcode	640949
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GOD-SON
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	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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 92 BOON LAY WAY , <b>POSTCODE:</b> 609962 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8999999 - <b>FAX NO:</b> 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180509/2069.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC7003K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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


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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

outside open space  
carpark beside  
the shop houses  
54 FOOT ROAD

A: SLESIS  
B: SHC 7003 K

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### DECLARATION

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

Policyholder's Signature  
Date & Time:

GIARMAC SketchPlanForm\_v03

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/20180509/2069

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20180509/2069

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2018 14:24		Vide Report No.:		Station Diary No.: 34	
<b>Informant's Particulars</b>					
Name of Informant: NG BING HONG			Address: APT BLK 949 JURONG WEST STREET 91 #09-701 SINGAPORE 640949		
ID Type / ID No.: NRIC NO / S9228548J			Contact No.: Home/Office: Mobile: 90128488		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 10/08/1992	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Interior designer			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 09/05/2018 00:05	Type of Location: Car Park
Location: Along Road 1 FOCH ROAD				
Open space carpark beside the shop house 54 Foch Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SLE31S	Car		<a href="https://focus-pcc.intranet.spf.gov.sg:81">https://focus-pcc.intranet.spf.gov.sg:81</a>		Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLE31S	NTUC Income Insurance Co-Operative Limited			

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Report No. T/20180509/2069

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	NG BING HONG	ID No.	S9228548J
Related Vehicle	NIL	Contact No.	90128488
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 08/05/2018 at about 1110hrs, I parked my vehicle bearing registration SLE31S outside the open space carpark beside the shop house 54 Foch Road.

On the 09/05/2018 at about 0330hrs, I drove my vehicle back home. When parking my vehicle at my house carpark, I realised that my reverse sensor was not working properly. I then came out of the vehicle and made a check and noticed that there are scratch marks at the right rear bumper.

I would like to state that I have installed camera on my vehicle and I have the footage of the yellow Comfort Taxi hitting my vehicle.

# Police Report



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POLICE FORCE**



T/20180509/2069

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20180509/2069

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:

D / *Wengon Ang*  
Sgt 1 KQH WEI YANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/05/2018 14:24

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt ESTHER CHONG  
Contact No.: 65476368

Classification Of Case:

Authentication Stamp  
NP168

SN 34

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



