

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	18/05/2018 14:17
Date Of Accident	17/05/2018 17:40
Exact Location Of Accident	44 BROADRICK ROAD TOWARDS GOODMAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU1228Y
Insured/Policyholder	
Name Of Registered Owner	EUGENE CHEO SENG WEE
NRIC No	S8930375C
Email Address	EUGENE@TECHGNOME.ASIA
Mobile Phone No	(LOCAL) +65-97102162
Alternative Phone No	OTHERS-97102162

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	5095586543
Cover Note Number	CLASSIC EW

Driver

Name of Driver	EUGENE CHEO SENG WEE
NRIC No	S8930375C
Date Of Birth	31/08/1989
Occupation	INDOOR
Date Of Driving Pass	17/12/2012
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97102162
Fax Number	
Contact Number	OTHERS-97102162
EEmail Address	EUGENE@TECHGNOME.ASIA

Address	BLK 426 PASIR RIS DRIVE 6 #12-55
Postcode	510426
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	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?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Refer to Police Report.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU2275S
Vehicle Make/Model/Colour	SUZUKI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Vehicle No: SFU1228Y

Report Date & Start Time: 18/05/18 / 14:29

Report No: MT/ _____

D.O.A: 17-05-2018
Time: 17:40 hrs

Make / Model: VOLKSWAGEN GOLF Reporting Type: TP

End Time: _____

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)**

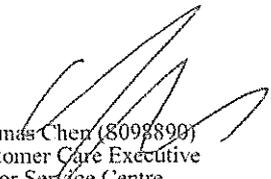
I understand, acknowledge, agree and consent that:

- (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.



 18/05/18 / 14:29
 Policyholder's Signature / Date & Time

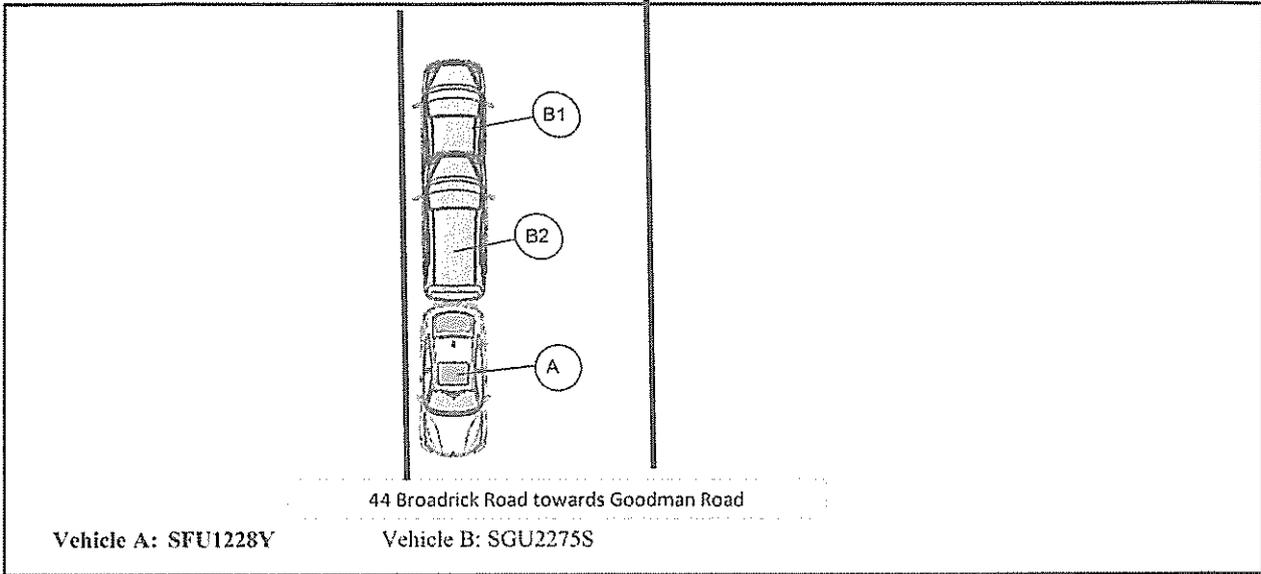
_____ 18/05/18 / 14:29
 Driver's Signature (If driver is not the policyholder) / Date & Time



 Thomas Chen (8098890)
 Customer Care Executive
 Motor Service Centre
 Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

Declaration

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


5/18/2018 14:29
Policyholder's Signature / Date & Time

5/18/2018 14:29
Driver's Signature (If driver is not the policyholder) / Date & Time


Thomas Chen (S098890)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180518/2001

1 of 3

Report No. T/20180518/2001

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2018 00:32		Vide Report No.:	Station Diary No.: 14
Informant's Particulars			
Name of Informant: EUGENE CHEO SENG WEE		Address: APT BLK 426 PASIR RIS DRIVE 6 #12-55 SINGAPORE 510426	
ID Type / ID No.: NRIC NO / S8930375C		Contact No.:	Mobile: 97102162
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 31/08/1989	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF-EMPLOYED		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/05/2018 17:40	Type of Location: Straight Road
Location: Along Road BROADRICK ROAD 44 BROADRICK ROAD TOWARDS GOODMAN ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SFU1220Y	Car	VOLKSWAGO N	NEW GOLF 1.4 AT 5K13G5	Silver	Slightly Damaged	0
SGU227MS	Van				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20180518/2001

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20180518/2001

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SFU1228Y	NTUC Income Insurance Co-Operative Limited	5095586543	07/11/2017	06/11/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL				
Driver			Use of Pedestrian Crossing: NA	
Name	EUGENE CHEO SENG WEE		ID No.	S8930375C
Related Vehicle	SFU1228Y (Car)		Contact No.	97102162
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
Name				
Unknown		ID No.	NIL	
Related Vehicle	SGU2275S (Van)		Contact No.	NIL
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

Brief Details.

On 17/05/2018 at about 1300hrs, I parked my vehicle bearing car plate number, SFU1228Y along the road of 44 Broadrick road.

At about 1740hrs, a Suzuki van reversed into my rear of my vehicle. He then drove off after the knocking into my vehicle. When I got into my vehicle, my in car camera notified me that there was an impact detected and I checked the in car camera for the recording of the incident.

I wish to state that I was not injured in the incident.



SINGAPORE
POLICE FORCE



T/20180518/2001

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180518/2001

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:
G /
Sgt 1 JUSTIN CHU JUN QUAN

Signature Of Informant:

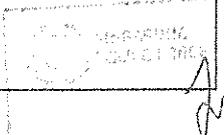
Signature Of Interpreter:
Not applicable

Date/Time:
18/05/2018 00:32

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No. 65476902

Classification Of Case:

Authentication Stamp
NP168



Police Report Pg. 4

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

