

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	30/05/2018 12:29
Date Of Accident	29/05/2018 09:30
Exact Location Of Accident	T-JUNC OF JOO CHIAT RD & RAMBUTAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2802J
Insured/Policyholder	
Name Of Registered Owner	LAI YU CHU
NRIC No	S8309828G
Email Address	ANDYLAI83@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96246239
Alternative Phone No	OTHERS-96246239

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER ELEGANCE
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	5094014093
Cover Note Number	

Driver

Name of Driver	LAI YU CHU
NRIC No	S8309828G
Date Of Birth	28/03/1983
Occupation	INDOOR
Date Of Driving Pass	13/10/2005
Driving Experience	12 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96246239
Fax Number	
Contact Number	OTHERS-96246239
Email Address	ANDYLAI83@HOTMAIL.COM

Address	BLK 42 CIRCUIT RD #02-517
Postcode	370042
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	
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)	2
Passenger 1	NAME: : AJ LAI CHENG YI GENDER: : MALE

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
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

PLS REFER TO THE POLICE REPORT: T/20180529/2035

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	GBA4694S
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)

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: 30/5/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

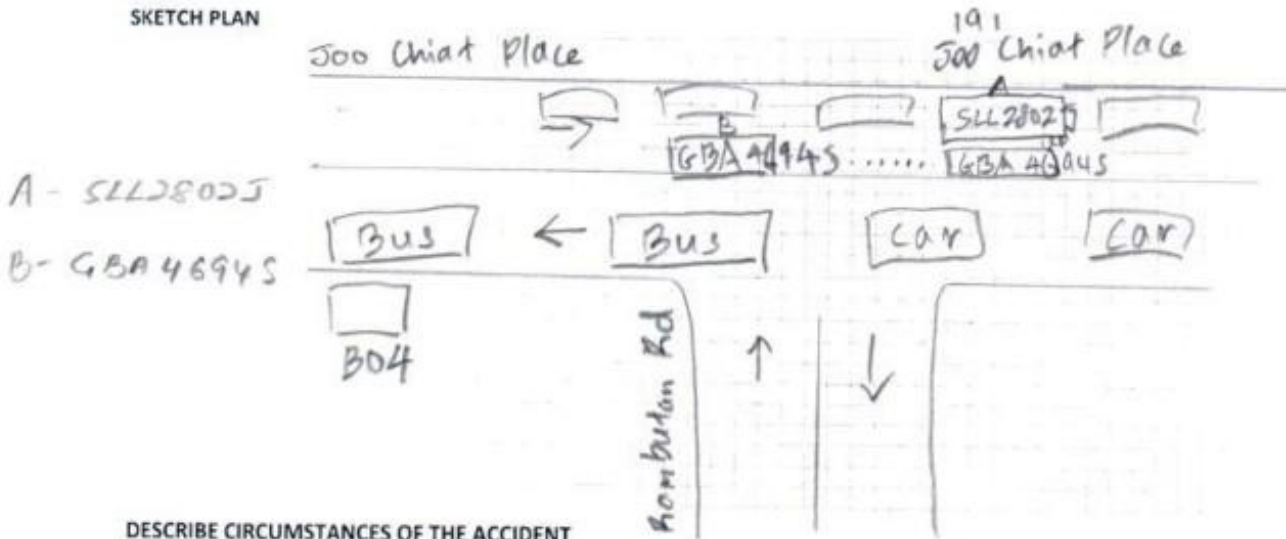
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180529/2035

DECLARATION

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

Policyholder's Signature

Date & Time: 30/5/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180529/2035

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

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Report No. T/20180529/2035

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL2802J	NTUC Income Insurance Co-Operative Limited	5094014093	20/09/2017	19/09/2018

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS AT THE SAID LOCATION AND MY VEHICLE WAS STATIONARY AT A SINGLE WHITE LINE ROAD, I WAS IN THE CAR WITH MY SON WHEN SUDDENLY I HEARD A LOUD BANG FROM MY RIGHT SIDE OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE AND CHECK FOR THE DAMAGES AND TO FIND OUT THAT MY RIGHT SIDE MIRROR COVER FLEW INFRONT OF THE ROAD. THE VEHICLE OF (GBA4694S) DID MANAGE TO SLOW DOWN AFTER THE HIT FROM MY VEHICLE BUT DID NOT STOP, BUT STOP AT THE INFRONT TRAFFIC LIGHT JUNCTION BECAUSE THE LIGHT WAS RED. I CAN'T CHASE AFTER THAT VEHICLE BECAUSE I HAVE A 6 YEARS OLD SON AT THE PASSENGER SEAT. I HAVE VIDEO FOOTAGE WITH ME.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180529/2035

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

Report No. T/20180529/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2018 10:43	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: LAI YU CHU			Address: 42 CIRCUIT RD #02-517 HDB-MACPHERSON SINGAPORE 370042		
ID Type / ID No.: NRIC NO / 58309828G			Contact No.:		Mobile: 96246239
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 28/03/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: BOOK KEEPER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/05/2018 09:30	Type of Location: T-Junction
Location: JOO CHIAT PLACE T JUNCTION OF JOO CHIAT ROAD AND RAMBUTAN ROAD, PARKED NEAR 191 JOO CHIAT PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
GBA4894S	Van	MERCEDES BENZ	VITO 111 VAN CDI	Silver		0
SLL2802J	Car	TOYOTA	HARRIER ELEGANCE 2.0 CVT 2WD	White		1

Police Report



**SINGAPORE
POLICE FORCE**



T/20180528/2005

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

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Report No. T/20180528/2005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL2802J	NTUC Income Insurance Co-Operative Limited	5094014093	20/09/2017	19/09/2018

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180529/2035

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

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Report No. T/20180529/2035

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:
TP /
NG JUN JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65478144

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/05/2018 10:43

Classification Of Case:

Accident Photo



Accident Photo

