

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 | 25/05/2018 11:34 |
| Date Of Accident | 24/05/2018 05:05 |
| Exact Location Of Accident | BLOCK 434 CLEMENTI AVENUE 3 CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SBX9188H |
| Insured/Policyholder | |
| Name Of Registered Owner | LOKE GUAT BEE |
| NRIC No | S1781561Z |
| Email Address | LOKE_JO@YAHOO.COM.SG |
| Mobile Phone No | (LOCAL) +65-94899188 |
| Alternative Phone No | OTHERS-94899188 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | NISSAN |
| Model | SYLPHY |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | 5090888266-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LOKE GUAT BEE |
| NRIC No | S1781561Z |
| Date Of Birth | 25/09/1966 |
| Occupation | INDOOR |
| Date Of Driving Pass | 28/06/1993 |
| Driving Experience | 24 YEARS AND 10 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-94899188 |
| Fax Number | |
| Contact Number | OTHERS-94899188 |
| Email Address | LOKE_JO@YAHOO.COM.SG |

| | |
|---|-------------------------------------|
| Address | BLOCK 434 CLEMENTI AVENUE 3 #08-234 |
| Postcode | 120434 |
| 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 | CLEMENTI NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: NO. 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8729999 - FAX NO: 67748639 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

On the 23.05.2018 at 1900hrs, I parked my car bearing the said registration plate number at the open carpark of Blk 434 Clementi Avenue 3. I secured it and left the place. On the 24.05.2018 at 0915hrs, I went down to collect my car and discovered the front driver side bumper was being damaged. I then checked through my in-car camera footage and discovered at 0507hrs, one taxi bearing registration plate number, SH 9197P, reversed into my car and collided into the front of my bumper. The taxi eventually drove off. This is the first time such incident happened to me and I have the footage saved in my phone.

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 | SH9197P |
| 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: LaSandra
NRIC/FIN No.: 6322991W



Accident Sketch Plan

SKETCH PLAN

Blk 434

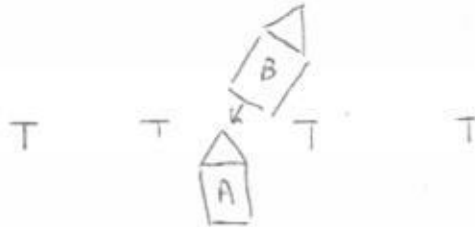
Clementi Ave 3

cl park

DCA: 24/5/18

A: DBX 9188H

B: SH 9197P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref to Police Report.

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: Cassandra
NRIC/IN No.: 63213114





**SINGAPORE
POLICE FORCE**



T/20180524/2203

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180524/2203

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|--|--|----------------------------|--|
| Date/Time Report Made: 24/05/2018 23:22 | | Vide Report No.: | | Station Diary No.: 182 | |
| Informant's Particulars | | | | | |
| Name of Informant: LOKE GUAT BEE | | | Address: APT BLK 434 CLEMENTI AVENUE 3 #08-234 SINGAPORE 120434 | | |
| ID Type / ID No.: NRIC NO / S1781561Z | | | Contact No.: Home/Office: Mobile: 94899188 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Female | Age: 51 | Date of Birth: 25/09/1966 | Type of Informant: Driver | | |
| Race: Chinese | | Language: English | | Institution / School Name: | |
| Occupation: SALES AGENT | | Driving Licence Information: Class: | | Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|---------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 24/05/2018 05:05 | Type of Location: Car Park |
| Location: Along Road 1 CLEMENTI AVENUE 3 Open Carpark of Blk 434 Clementi Avenue 3 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|----------------|-------|------------------|-----------------|
| SBX9188H | Car | NISSAN | SYLPHY 1.5 4AT | Grey | Slightly Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| SBX9188H | NTUC Income Insurance Co-Operative Limited | 5090888266-01 | 15/05/2018 | 14/05/2019 |



**SINGAPORE
POLICE FORCE**



T/20180524/2203

2 of 3

Report No. T/20180524/2203

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

CONTINUATION OF REPORT

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20180524/2203

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

3 of 3

Report No. T/20180524/2203

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 /
Staff Sgt CLEMENT CHEE WEI JUN

Signature Of Interpreter:
Not applicable

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

Signature Of Informant:

Date/Time:
24/05/2018 23:22

Classification Of Case:

Authentication Stamp



SN 37