

## 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	31/05/2018 13:12
Date Of Accident	06/03/2018 20:30
Exact Location Of Accident	CLEMENTI WEST STREET 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GW3831U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOO HUAT FOOD SUPPLY
Co Reg No	07405900M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96509084
Alternative Phone No	OFFICE-96509084

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5050586685-03
Cover Note Number	

### Driver

Name of Driver	SOH KIM HIOK
NRIC No	S1243495B
Date Of Birth	10/07/1957
Occupation	INDOOR
Date Of Driving Pass	14/06/1978
Driving Experience	39 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96509084
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 710 CLEMENTI WEST STREET 2 #04-263
Postcode	120710
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 DUKE ROAD , <b>POSTCODE:</b> 268914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4629999 - <b>FAX NO:</b> 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

#### 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 Witness 1

Name	
Phone Number	98535475
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX6939T
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)

## Sketch Plan Pg. 1

### SKETCH PLAN

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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. 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:

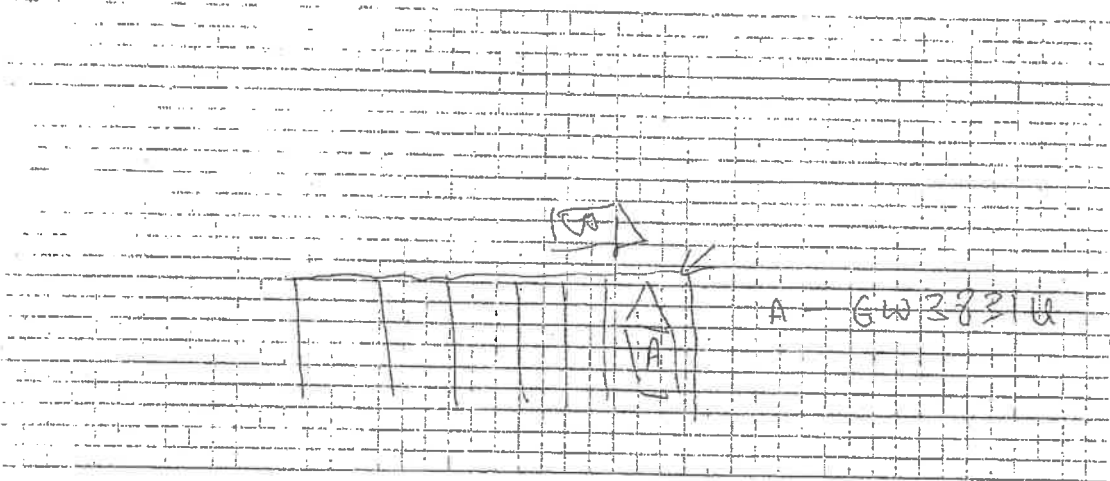
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

給 發  
Policyholder's Signature  
Date & Time: 31 MAY 2018

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 31 MAY 2018

  
Reporting Centre Personnel's Signature  
Name: NG WING KIN JAMES  
NRIC/FIN No.: S7927881E

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
police  
Report

DECLARATION

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

JOO RUAT FOOD SUPPLY

Policyholder's Signature

Date & Time:

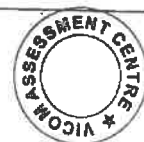
31 MAY 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

31 MAY 2018



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

NG WING KIN JAMES

S7927881E



**SINGAPORE  
POLICE FORCE**



T/20180403/2083

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

1 of 3

\* Report No. T/20180403/2083

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/04/2018 16:05			Vide Report No.: T/20180307/2111		Station Diary No.: 58
<b>Informant's Particulars</b>					
Name of Informant: SOH KIM HIOK			Address: APT BLK 710 CLEMENTI WEST STREET 2 #04-263 SINGAPORE 120710		
ID Type / ID No.: NRIC NO / S1243495B			Contact No.: Home/Office: Mobile: 96509084		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 60	Date of Birth: 10/07/1957	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: food supplier			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/03/2018 20:30	Type of Location: Car Park
Location: Along Road 1 CLEMENTI WEST STREET 2				
Open Space Carpark				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GW3831U	Van				Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GW3831U	NTUC Income Insurance Co-Operative Limited	5050586685-06	16/06/2017	15/06/2018



**SINGAPORE  
POLICE FORCE**



T/20180403/2083

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

2 of 3

Report No. T/20180403/2083

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH KIM HIOK	ID No.	S1243495B
Related Vehicle	GW3831U (Van)	Contact No.	96509084
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

**Brief Details.**

On the 06/03/2018 at about 2030hrs, my vehicle GW3831U was parked and locked at the open space carpark no.C34 to C.38.

On 07/03/2018 at about 0900hrs, I went to collect my vehicle at the above mentioned location and discovered that the front of my vehicle was seriously damaged. I then drove the vehicle to Bukit Timah area and had the vehicle inspected and decided to call for the police.

A traffic police officer by the name of Arwin attended to me shortly and advised me to lodge a report for investigation purposes.

Incident report no. E/20180307/0095

Officer-in-charge: Ivan

Contact number provided: 65476170

I wish to state that no camera is installed in my vehicle and I have a witness to this incident.

Sketch Plan #5 Pg. 1



SINGAPORE  
POLICE FORCE



T/20180403/2083

Police Station Of Origin:  
Bukit Timah N.P.C  
1 Duke's Road SINGAPORE 268914  
Tel No: 1800-4629999

3 of 3


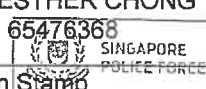

Report No. T/20180403/2083

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 E / Sgt 2 SHAMATHI D/O CHELLAPPAN SILVARAJU	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2018 16:05
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp NP168  SN L70	 SIGNATURE





**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/15457/2018  
Date : 08 May 2018

**SOH KIM HIOK  
BLK 710 CLEMENTI WEST ST 2  
#04-263  
SINGAPORE 120710**

Dear Sir/Mdm,

**ROAD ACCIDENT INVOLVING MOTOR VAN, GW3831U AND MOTOR VAN, GX6939T ALONG  
BLK 710 CLEMENTI WEST ST 2 ON 07.03.2018**

I refer to the above accident.

2 We have completed investigation into the case. Our investigation shows that an offence of **Careless Driving under Rule 29 of the Road Traffic Rules, Failing To Stop After An Accident Under Section 84(1) Road Traffic Act Chapter 276 and Failing To Report An Accident After 24 Hours Under Section 84(2) Road Traffic Act Chapter 276** was disclosed against the driver of **GX6939T**. Action has been initiated against the driver for the said offence.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Ivan Ho'.

**IVAN HO, SGT  
INVESTIGATION OFFICER  
for HEAD INVESTIGATION  
TRAFFIC POLICE**

NP510

A FORCE FOR THE NATION

### Accident Photo



**Accident Photo**



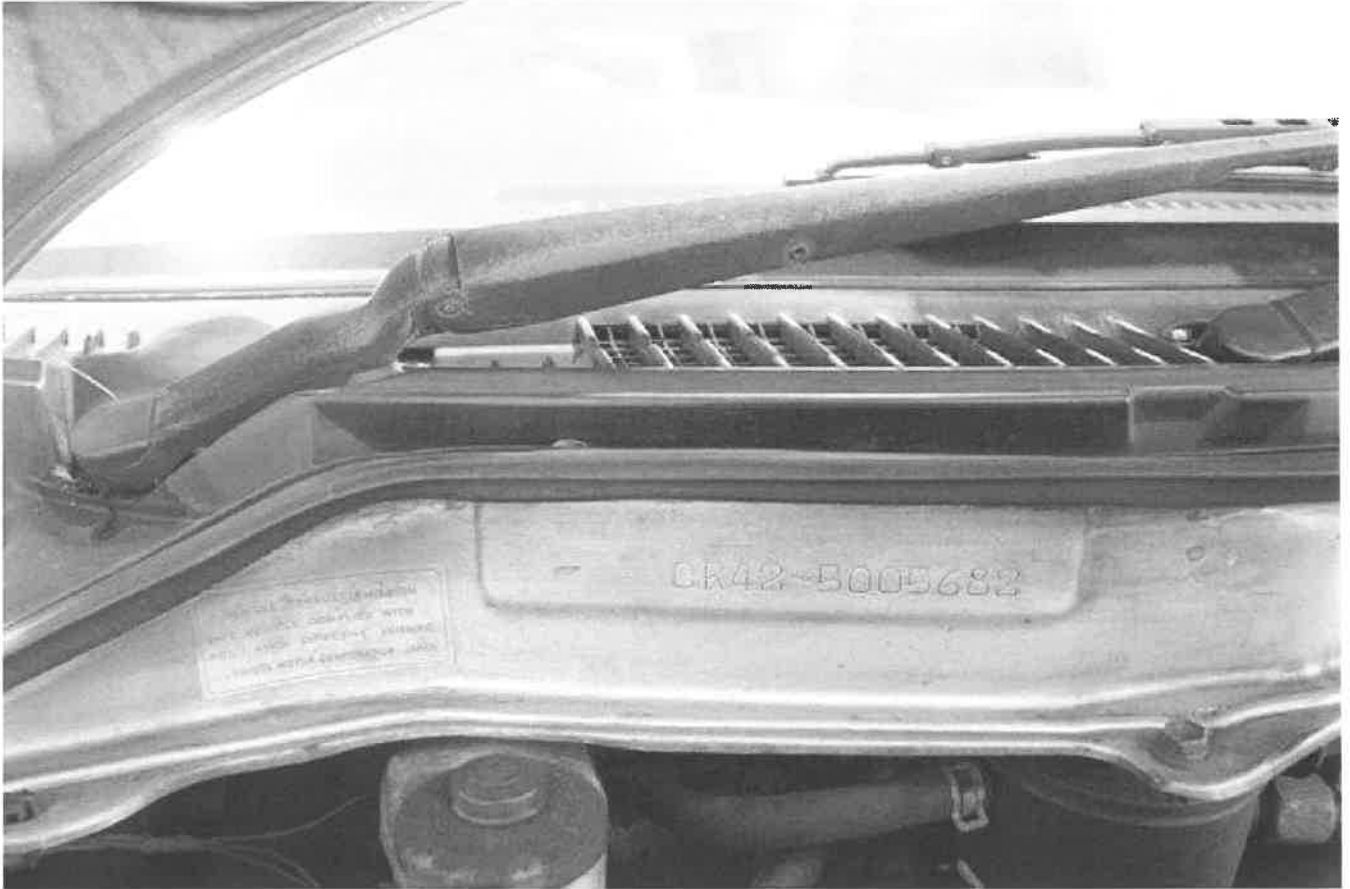
Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**

