#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 19:06
Date Of Accident	29/06/2018 13:15
Exact Location Of Accident	BLK 933 JURONG WEST ST 91 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ9034K
Insured/Policyholder	
Name Of Registered Owner	CHIN WEI JIE
NRIC No	S9231104Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90042433
Alternative Phone No	OFFICE-90042433
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E MANUAL
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	5096707439
Cover Note Number	
Driver	
Name of Driver	CHIN WEI JIE

Name of Driver CHIN WEI JIE
NRIC No S9231104Z
Date Of Birth 29/08/1992
Occupation INDOOR
Date Of Driving Pass 15/04/2011

Driving Experience 7 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90042433

Fax Number

Contact Number OFFICE-90042433

EMail Address NOEMAIL

Address BLK 933 JURONG WEST STREET 91

#04-379

Postcode 640933

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?

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

SINGAPORE SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20180702/7004.

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 MR KAI Phone Number 97762363

**Email Address** 

**Details of Witness 2** 

Name MR ALVIN GIAM
Phone Number 93397261

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GX3621D

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) 3

Passenger 1 NAME:

GENDER: :

Passenger 2 NAME:

GENDER: :

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 corries.
- 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 insurers) 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:
  - 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:
  - 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: Oriver's Signature (if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

#### **Accident Sketch Plan**

KETCH PLAN		BCK 937
VEHICLE A -	22 10 4034K	(A)
vanicus is -	- 4x 3621 D	T TABLET
		N's
		TTTT
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
AS PER POLI	ere Report.	REPORT NUMBER:
		7/20180702/7004
VIEW ONE D -	550 0084K	
	- 6×36210	
	9 3000	
		-
		/
	/	
ECLARATION		
	iculars are the in every respect.	
1 1	1 2/	
Toke 1	1 120	H.M
	Oriver's Signature	Reporting Centre Personnd's Signature
Policyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder Oate & Time:	Reporting Centre Personnd's Signature Name: NRIC/FIN No.:





1 of 4

Report No. T/20180702/7004

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

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2018 10:32			Vide Report No.: J/20180630/0203	Station Diary No.		
Informa	nt's Partice	ulars				
Name of Informant: CHIN WEI JIE			Address: APT BLK 933 JURONG WEST STREET 91 #04-379 SINGAPORE 640933			
ID Type / ID No.: NRIC NO / S9231104Z			Contact No.: Home/Office:	Mobile: 90042433		
Nationality: SINGAPORE CITIZEN		EN	Email: Dionchin_04@hotmail.com			
Sex: Male	Age: 25	Date of Birth: 29/08/1992	Type of Informant: Driver			
Race: Chinese		T.	Language: Institution / School I			
Occupation: POLICE OFFICER			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2018 13:15	Type of Location Car Park
	ST STREET 91 Blk 933 Jurong West St 91	, Open air carpark	lot number 104	
Weather: Road Surface:			R	oad Speed Limit:
		Address of the Control of the Contro		
Traffic Flow: Two Way		Traffic Control: Not Controlled	Ti	raffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
GX3621D	Lorry	TOYOTA		White		2
SJQ9034K	Car	ТОУОТА	Vios 1.5M	Grey	Seriously Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SJQ9034K	NTUC Income Insurance Co-Operative Limited	5096707439	16/12/2017	15/12/2018	





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 4 Report No. T/20180702/7004

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved	Made Co	tempo de la lacio	1000	ar think	Details to the same
Any Pedestrian I	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver		March 1000	SALEDIE!	prelike.		
Name	CHIN WEI JIE	CHIN WEI JIE		ID No		S9231104Z
Related Vehicle	SJQ9034K (Car)			Conta	ct No.	90042433
Hospital/Clinic	NIL			Class Drivin Licene Expiry	g	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On 25/06/2018 at 1400hrs, I last parked my car (A Toyota Vios, reg no. SJQ9034K) intact at Blk 933 Jurong West St 91 Open air carpark lot number 104 before I went overseas.

On 29/06/2018 at 2130hrs, I reached back home and my father told me that my car was being hit and run by other vehicle. He did not witness the accident as he only help me to see my car everyday in the morning before he goes for work. I went down and discovered that my car right side mirror was damaged and dangling. My driver side door was serious damaged, with dents, cracks and scratches (coated with white/silver paint fresh marks). There was no notes placed on my car to state who had done it. As It was late at night, I went back home first.

On 30/06/2018 at 1400hrs, I went down again to my car to visualize my car. I also discovered scratches on my right headlamp. One witness (Mr Kai HP:97762363) approached me and informed me on 29/06/2018 at about 1315-1330hrs, he was smoking at his kitchen looking down and he witnessed a white lorry with storage box was reversing and hit onto my car. The lorry driver seems to be a chinese, after hitting my car, the driver drove and parked the lorry some lots away from my car. The lorry driver came out from his lorry and walked towards my car to see. Two other passengers later boarded the lorry and the driver went back and drove off without placing any note on my car. Mr Kai came down, but the lorry driver left the carpark. He did not managed to see the lorry plate number. However, when Mr Kai came down, he saw a Bangladeshi worker man taking photographs of my car. He approached the worker and asked if he witnessed the accident. The worker is actually doing lift upgrading at Blk 937 Jw St 91 just beside my home. The worker witnessed the accident and helped me to take photographs of the lorry and my car as well. With this relevant information, I called Police Hotline and TP was dispatched to my scene. I called my Insurance NTUC OrangeForce as well down.

On 07/02/2018 at 0900hrs, I contacted the contractor from the Lift upgrading to enquire the worker contact details. One person namely Mr Alvin Giam HP:93397261 answered my call and I explained my hit & run situation to him. He then whatsapp me some photographs of the lorry and my car to me. The lorry plate number is GX3621D. That's all.



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



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Report No. T/20180702/7004

CONTINUATION OF REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20180702/7004

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	plan

Authentication Stamp

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 02/07/2018 10:32
Officer In Charge Of Case: TP / TPHQ / MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355	Classification Of Case:





































