

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	09/07/2018 19:49
Date Of Accident	08/07/2018 23:00
Exact Location Of Accident	BLK 431B YISHUN AVE 1 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG8880U
Insured/Policyholder	
Name Of Registered Owner	ORANGE CARS
Co Reg No	53314768M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5092598238-01
Cover Note Number	

Driver

Name of Driver	VIJAY KUMAR SACHDEV
NRIC No	S1430799J
Date Of Birth	17/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81321017
Fax Number	
Contact Number	OFFICE-81321017
Email Address	NOEMAIL

Address	BLK 148 BUKIT BATOK WEST AVENUE 6 #04-315
Postcode	650148
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180709/2000.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ4392Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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:

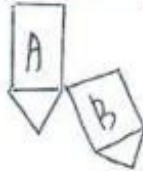

Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No: _____

Accident Sketch Plan

SKETCH PLAN

Carpark lot No. 63, in front of Bk 431 B Yishun Ave 1

parked stationary



① SLG8880U

① SLJ4292J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report No: T/20180709/2000

DECLARATION

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:
NRIC/FIN No.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20180709/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 00:01		Vide Report No.:		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: VIJAY KUMAR SACHDEV			Address: APT BLK 148 BUKIT BATOK WEST AVENUE 6 #04-315 SINGAPORE 650148		
ID Type / ID No.: NRIC NO / S1430799J			Contact No.: Home/Office: Mobile: 81321017		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 17/01/1960	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: GRAB DRIVER		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: 08/07/2018 23:00	Type of Location: Carpark
Location: Along Road 1 YISHUN AVENUE 1 At carpark lot no.63, infront of Blk 431B Yishun Avenue 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SLG8880U	Car				Slightly Damaged	0
SLJ4392Z	Car					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20180709/2000

CONTINUATION OF REPORT

Driver			
Name	VIJAY KUMAR SACHDEV		ID No. S1430799J
Related Vehicle	SLG8880U (Car)		Contact No. 81321017
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 08/07/2018 at around 10.15pm, I had parked my car, SLG8880U at the car park lot no. 63, in-front of Blk 431B Yishun Avenue 1. I then proceeded to the nearby coffee shop to drink coffee together with my friends.

At about 11pm, I then proceeded back to my car, when a Malay lady from the 2nd floor of Blk 431B Yishun unit #02-599 had called out to me. The said lady Malay lady had then asked me to check on the left side of my car on whether it had any damages. I then made a checked and discovered that there was a dent on the left front side of my car.

The said Malay lady then told me that earlier, she had noticed a dark colored car driving with registration plate number SLJ4392Z, stopping in-front of my car at the said carpark. Subsequently, a lorry which was behind the said car had honked at the dark colored car. The said car had then reverse towards the empty lot on the left side of my car. The said car had then hit onto the left side of my car. The male driver had then went out of his car and check on the damage done and subsequently left the carpark. My car does not have any in-car camera installed.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180709/2000

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20180709/2000


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: F / Sr Staff Sgt ELRENO BIN SUBARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2018 00:01
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP158	Signature: SN 085

 Singapore Police Force

ACKNOWLEDGMENT

I, VIJAY KUMAR SACHDEV holding NRIC /Passport No* SL680777
 (*delete which is not applicable)
 of vehicle No. SL6 880U acknowledge the following :

1. I have been given Income's practice leaflet.
2. The counter-staff has explained Income's practice leaflet to me accordingly.
3. I am clear about the information disseminated by the counter-staff during my accident reporting.
4. My accident reporting is for (please circle the appropriate one)
 - a) reporting purpose only
 - b) claiming own damage
 - c) claiming third party
5. I came - a) with my workshop]
 b) without my workshop] (please circle the appropriate one)
6. My workshop who came with me is A-Tec Automotive P/L
 (please provide the name)
7. My preferred workshop who did not come with me is
 and not recommended
 (please provide the name) by the staff.

Signature : [Signature]
 Date : 9/7/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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