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 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.	
	ACCIDENT STATEMENT
Date Of Report	16/07/2018 14:29
Date Of Accident	14/07/2018 14:00
Exact Location Of Accident	INSIDE BUILDING AT 27 WEST COAST HIGHWAY
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6088C
Insured/Policyholder	
Name Of Registered Owner	JING MA PTE LTD
Co Reg No	201603182M
Email Address	YOOHANTRAVEL@NAVER.COM
Mobile Phone No	(LOCAL) +65-97857907
Alternative Phone No	OFFICE-88131959
Vehicle Particulars	
Manufacturer	GOLDEN DRAGON
Model	XML6957J14B
Exact Purpose for which vehicle was being used at time of accident	BUS WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093017527
Cover Note Number	
Driver	
Name of Driver	SEAH CHEE CHOON

S1387639H NRIC No Date Of Birth 24/01/1959 Occupation **OUTDOOR Date Of Driving Pass** 28/03/1996

Driving Experience 22 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97857907

Fax Number

OTHERS-88131959 Contact Number

EMail Address YOOHANTRAVEL@NAVER.COM

BLK 314 SEMBAWANG RDRIVE Address

#08-456

Postcode 750314

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions UNKNOWN Road Surface UNKNOWN

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180714/2180

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

Accident Sketch Plan

SKETCH PLAN

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.
- 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 liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 parties.
- 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:
 - 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

NRIC/FIN No

Accident Sketch Plan

SKETCH PLAN	
	0118
	MIKNOWN PARKED
	I SINM OVED
	WAKES
	11m
	V
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT
	S0000 1900 S000 S000 S000 S000 S000 S000
	10/1
	O W
	1, CM
	God on
	1210
	The second
	and the same
	000
	Xx 12010
Draw C	
100	
1	
- /	
ECLARATION	
We declare the foregoing part	ticulars are true in every respect.
	Ar substitute
olicyholder's Signature	Driver's Signature Reporting Centre Personnel's Signature
ate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: ROLL WATTOR

POLICE REPORT





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 1 of 3 Report No. T/20180714/2180

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

14/07/2018 21:39		nade:	Vide Report No.:	Station Diary No.: 97	
Informa	nt's Particu	ulars			
Name of Informant: SEAH CHEE CHOON			Address: APT BLK 314 SEMBAWANG DRIVE #06-456 SINGAPORE 750314		
ID Type / ID No.: NRIC NO / S1387639H		39H	Contact No.: Home/Office:	Mobile: 88131959	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 59	Date of Birth: 24/01/1959	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: 3,4	Date of Expiry:	

General Infor	mation of the Acciden	nt Sala	CONTRACTOR OF THE PARTY OF THE		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/07/2018 14:00	Type of Location:	
	T HIGHWAY	hway			
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Type of Collis	sion:		a	nyone conveyed by mbulance;	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC6088C	Bus/Coach/Mi nibus				Slightly Damaged	0

POLICE REPORT



Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

2 of 3 Report No. T/20180714/2180

CONTINUATION OF REPORT

Brief Details.

On 14/07/2018 at about 1400hrs, I parked my company bus, PC6088C, belonging to Jing Ma Pte Ltd, at a building located at 27 West Coast Highway. I was eating on the bus.

10 minutes later, my colleagues came and I went down the bus. I went to the back of the bus and found some damages to the back of the vehicle, at the right side. There is some scratches and paint marks on the damanged area. I did not feel any collision or movement when I was on my bus. I also did not find any note left on my bus to show that who did the damage.

There is a CCTV on my bus. This is the first time such incident has occurred to me.

POLICE REPORT





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 3 of 3 Report No. T/20180714/2180

CONTINUATION OF REPORT

Sketch Plan

NP168

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 / Staff Sgt NUR ALSHAARI PUTRA BIN ABDUL AZIM Singapore Police Force	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/07/2018 21:39
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:

AUTHORISE LETTER

JING MA PTE. LTD.

18 Jalan Kilang Barat , #03-01 Cyber Centre, Singapore 159358 TEL: 6275 5956 ROC NO 201603182M

16 July 2018

NTUC Income

Attn: Income Orange Force/Claims

Dear Sir/Madam

LETTER OF AUTHORISATION

This is to inform you that Seah Chee Choon (S1387639H) is authorized to make a report on the accident involving vehicle no. PC6088C for and on behalf of Jing Ma Pte Ltd (201603182M).

If you require any clarification, please contact us at 98757907.

Yours sincerely,

Eun-Hee Park

Director

Jing Ma Pte Ltd

РНОТО

* PC6088C Accident (hiterun) on 14 July 2018.





















