

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	16/07/2018 15:30
Date Of Accident	13/07/2018 10:30
Exact Location Of Accident	ALONG WORTHING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ2349K
Insured/Policyholder	
Name Of Registered Owner	NEO SOON LOH
NRIC No	S1549296A
Email Address	SOONLOHNEO@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97806542
Alternative Phone No	OFFICE-97806542

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.8 (A)
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	5097612788
Cover Note Number	

Driver

Name of Driver	NEO SOON LOH
NRIC No	S1549296A
Date Of Birth	19/06/1962
Occupation	INDOOR
Date Of Driving Pass	19/03/1980
Driving Experience	38 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97806542
Fax Number	
Contact Number	OFFICE-97806542
Email Address	SOONLOHNEO@YAHOO.COM.SG

Address	42 WORTHING ROAD
Postcode	554974
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	50 SERANGOON AVE 2
Police Station Address	ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO. T20180714/2047.

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	UNKNOWN (PASSERBY)
Phone Number	
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR2680Z
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)

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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)**

(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.

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

HOUSES.

Kingsington
Park Lane

WORTHING ROAD.

SJJ2349K

Kingsington
Park Lane

PLACES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report No: T/20180714/2047

DECLARATION

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

Policyholder's Signature

Date & Time: 16/7/18

3-1570
CIA 9742 SECRET PAPER OF THE U.S.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





**SINGAPORE
POLICE FORCE**



T/20180714/2047

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20180714/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/07/2018 11:36	Vide Report No.:	Station Diary No.: 54
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Informant's Particulars

Name of Informant: SOO SOU FONG			Address: 42 WORTHING ROAD SINGAPORE 554974		
ID Type / ID No.: NRIC NO / S1401755J			Contact No.: Home/Office: Mobile: 94377730		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 58	Date of Birth: 06/06/1960	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES MANAGER			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: 13/07/2018 10:30	Type of Location: Car Park
Location: Along Road 1 WORTHING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Hit and run(At the right back near the mudguard)				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SJJ2349K	Car	HONDA		Grey	Slightly Damaged	0
SKR2680Z	Car				No Damage	0

Details of Person Involved

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



**SINGAPORE
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T/20180714/2047

2 of 3

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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20180714/2047

CONTINUATION OF REPORT

Driver			
Name	SOO SOU FONG		ID No. S1401755J
Related Vehicle	SJJ2349K (Car)		Contact No. 94377730
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/07/2018 at around 0800hrs, the security guard saw my husband and informed him that a passerby saw someone drove(SKR2680Z) and hit onto the right back of my car(SJJ2349K) near the mudguard area. After hitting my car, the person drove away . However, the passerby managed took down the license plate number of the vehicle that hit my car and passed it to the security guard. I like to mention I do not have the passerby particulars as the person did not left any of his particulars down. As such, I am lodging this report against the car drove away after hitting my car and for insurance purpose)



**SINGAPORE
POLICE FORCE**



T/20180714/2047

3 of 3

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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20180714/2047

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 /
Sgt 2 NEO CHANG WEI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/07/2018 11:36

Officer In Charge Of Case:

TP / HRT
SI ABDUL KAREEM BIN ABDUL HAGUE
Contact No: 65476079

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

