### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number
Contact Number
EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	23/07/2018 16:51
Date Of Accident	16/04/2018 00:00
Exact Location Of Accident	BLK 546A SERANGOON N AVE 3 MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS9017B
Insured/Policyholder	32390176
•	FORTE AUTO LEASING PTE LTD
Name Of Registered Owner	
Co Reg No	201631486C
Email Address	NOEMAIL
Mobile Phone No	OFFICE 04.44000F
Alternative Phone No	OFFICE-91449265
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALLION
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5094228784
Cover Note Number	-
Driver	
Name of Driver	LING WAI PING
NRIC No	S1268254I
Date Of Birth	07/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	05/06/1976
Driving Experience	41 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91820968

**NOEMAIL** 

Address BLK 469C SENGKANG WEST WAY #12-630

Postcode 793469

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 NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

NO

NO

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Police Station Address ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? NOT AVAILA

ent? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

# SKETCH PLAN

#### IMPORTANT NOTICE

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- 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 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:

9

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

NRIC/FIN No.:

# **Accident Sketch Plan**

TCH PLAN			
Unable			
VIABLE			
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		Provide	Sketch
CRIBE CIRCUMSTANCES	DE THE ACCIDENT	•	
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Please	Reser	to P	olice Report
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declare the Gregoing partici	ulars are true in eve	ery respect.	/ /
(9/ % )_		W. W.	+1
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holder's Signature	Driver's Signa	iture	Reporting Centre Personnel's Signature
& Time:	(If driver is no	ot the policyholder)	Name:
	Date & Time:		NRIC/FIN No.:





1 of 2

Report No. F/20180711/2100

## POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made 11/07/2018 15:32	Vide Report No.			Station Diary No 68
Name Of Informant	Address			
LING WAI PING	APT BLK 469C SENGKANG WEST WAY #12-630 SINGAPORE 793469			
ID Type / ID No. NRIC NO / S1268254I	Contact No. Home/Office		Mobile 91820968	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Taxi driver	Male	61	07/01/1957	Chinese
Institution/School Name	Language			
Date/Time Of Incident 16/04/2018 00:00	Location Of Incident 546A SERANGOON NORTH AVENUE 3 MULTI STOREY CAR PARK SINGAPORE 551546 Barrier			

## Brief details.

On 11/06/2018, I received a letter from NTUC Income Insurance stating that I was involved in an accident with a barrier at Blk 546A Multi-Storey Car Park on 16/04/2018. I was told to make a police report regarding the matter.

I wish to state that on 16/04/2018, I was driving my rented vehicle SLS9017B but I can remember clearly

Signature Of Informant:	
Date/Time: 11/07/2018 15:32 Classification Of Case:	

Authentication Stamp





2 of 2

POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. F/20180711/2100

that I did not hit onto any barriers from any multi-storey car parks. Currently, the rented vehicle SLS9017B has already been scrapped.

Signature Of Officer Recording The Report:	Signature Of Informant:
F / Sgt 3 ASHLEY TOH	V
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2018 15:32
Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 JARRYL SUNG Contact No.: 64880999	Classification Of Case:



# **SCL AUTO CREDIT & LEASING PTE LTD**

Tel / Fax : 6481 7817 HP : 9646 9646 Company Reg. No.: 201807150E

	DUDCHASE	AGREEMENT P/A No. 0474
Fade Aul	Lenor He LL	DATE:
1/We 7 (1976 2) 38 (	HOME THE	NRIC No: 1446
Address:		Postal Code:
Contact No: (Res)	(H/P)	(O) D.O.B
hereby agree to sell the	undermentioned vehicle	to SCL AUTO CREDIT & LEASING PTE LTD for the sum
ss (		
		7
Particulars of vehicle as de	tailed in the schedule below	0 0 10 2
Make & Model:	W HILLOU I DH	Regn No: 218 90 1 + B
Year of Manufacture:	7008	Colour: No. of Transfer:
Regn Date: 0\5\3	Road Tax Expiry Date	te: OMV/PARF: \$
		C.O.E. \$
Engine No:		Engine Capacity:
Price Agreed	:\$ 7,783.00	Outstanding H.P. Co:
Outstanding H.P. Amount	: \$	Full Settlement Due Date:
Deposit Amount	: s	
Balance	: \$	
Deliver By		Time:
Authorised Signature	ces as from 1 6 4 1 8 a	atam/pm.  Seller's Signature
	OFFICIAL I	RECEIPT
I / We		NRIC No:
		ame:
Amount of S\$	(	
Being payment for vehicle No:		Cash / Cheque:
		Cash / Crieque:
CONTURNOUS.		
	74	
		Seller's Signature