

## 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	30/08/2018 11:00
Date Of Accident	29/08/2018 23:00
Exact Location Of Accident	ANG MO KIO ST 21 OSCP (PARALLEL PARKING)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU2664E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NGO SEE HIAN
NRIC No	S1169585Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90660767
Alternative Phone No	OTHERS-90660767

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5072723664-03
Cover Note Number	15/07/2018 - 14/07/2019

### Driver

Name of Driver	TAN GUANSHENG DEXTER
NRIC No	S8903827H
Date Of Birth	21/01/1989
Occupation	INDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90023455
Fax Number	
Contact Number	
Email Address	DECKSTOR@GMAIL.COM

Address	BLK 253A ANG MO KIO ST 21 #05-177
Postcode	561253
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

I WENT TO THE CARPARK TO COLLECT MY PARKED VEHICLE AND SAW DAMAGE ON MY VEHICLE AND MOTOR CAR SJD2399Y RH PORTION. THERE WAS A NOTE LEFT BY MR SYAH (DRIVER OF XE7999L), THAT HE HAD HIT ONTO MY CAR. AS MY FRONT RH TYRE WAS PUNCTURED, I THEN CALLED FOR TOWING ASSISTANCE TO TOW TO THE NEAREST AUTHORISED WORKSHOP FOR CLAIMING AGAINST XE7999L'S INSURANCE. THAT'S ALL.

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE7999L
Vehicle Make/Model/Colour	GREEN SCANIA TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDULL SYARIF BIN ABDUL SAMAD
NRIC/Passport Number	S9026851A
Contact Number	83528502
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJD2399Y
Vehicle Make/Model/Colour	BLACK MAZDA
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

### SKETCH PLAN

VEHICLE NO.: SKU 2664E  
INSURER : NTUC  
DATE & TIME: 29/08/18 @ 2300

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### 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: Dorlyn (AMK)  
NRIC/FIN No.: 30/08/18

### Sketch Plan #2

### SKETCH PLAN

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Location: Ang Mo Kio  
St 21 OSCP  
(parallel parking)

A: SKV2664E  
(parked, no one in  
the car)

B: XE 7999L  
Abdull Syarif Bin Abdul  
Samad  
S9026851A  
C: JTD 2399Y  
(parked, no one in  
the car).

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Vehicle No: SKU2664E (NTUC)  
Date & Time: 29/08/2018 @ 2300 (clear/dry)

I went to the carpark to collect my parked vehicle and saw damage on my vehicle and motor car STD2399Y RH portion. There was a note left by Mr Syah (driver of XE7999L), that he had hit onto my car. As my front RH tyre was punctured, i then called for towing assistance to tow to the nearest authorised workshop for claiming against XE7999L's insurance. That's all.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

I/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: (AUK)  
NRIC/FIN No.:

GLARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )

e 408942

03528502/SYAH

~~EAT~~

Please call me  
I HIT YOUR CAR



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





# SCENE PHOTO





SCENE PHOTO



SCENE PHOTO



SCENE PHOTO





TP VEHICLE



TP VEHICLE

