

## 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	04/09/2018 15:01
Date Of Accident	01/09/2018 18:35
Exact Location Of Accident	ADAM RD FOOD CENTRE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK482R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	XU WEIHUA, JONATHAN@ADAM XU
NRIC No	S8328160Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98586890
Alternative Phone No	OFFICE-98586890

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
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	5084361567-01
Cover Note Number	

### Driver

Name of Driver	XU WEIHUA, JONATHAN@ADAM XU
NRIC No	S8328160Z
Date Of Birth	07/09/1983
Occupation	INDOOR
Date Of Driving Pass	23/07/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98586890
Fax Number	
Contact Number	OFFICE-98586890
Email Address	NOEMAIL

Address	BLK 136 POTONG PASIR AVENUE 3 #07-158
Postcode	350136
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	POTONG PASIR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 142 POTONG PASIR AVENUE 3 , <b>POSTCODE:</b> 350142 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2829999 - <b>FAX NO:</b> 62815964
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180901/2171.

#### 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	SJL245D
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:

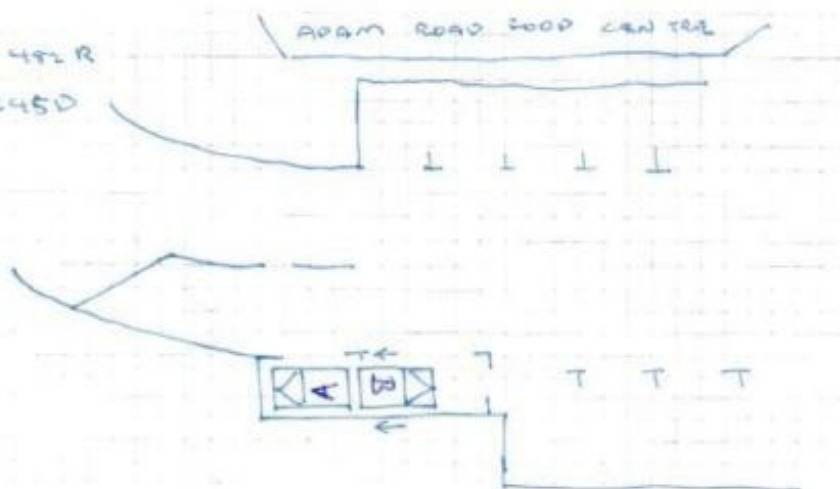
  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

VEHICLE A - 55K 482 R

VEHICLE B-SJL 245D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS AIR POLICE REPORT TP/

VEHICLE A - 35K 482 R

VEHICLE B - 53L 245 D

## 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: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_




# Police Report

03/09/2018

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**SINGAPORE  
POLICE FORCE**

  
T/20180901/2171

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999

1 of 3  
Report No: T/20180901/2171

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/09/2018 21:42	Vide Report No.:	Station Diary No. 58
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**Informant's Particulars**

Name of Informant: XU WEIHUA, JONATHAN		Address: APT BLK 136 POTONG PASIR AVENUE 3 #07-158 SINGAPORE 350136	
ID Type / ID No: NRIC NO / S8328160Z		Contact No. Home/Office: Mobile: 98586890	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 07/09/1983	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 2B,3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive No	Date/Time of Accident: 01/09/2018 18:35	Type of Location: Car Park
Location: Along Road 1 ADAM ROAD				
Open spaced carpark of Adam road food centre, lot 32				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		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
SJK482R	Car	TOYOTA	VIOS E AUTO	Red	Seriously Damaged	0
SJL245D	Car	TOYOACE	WISH 1.8 AUTO			0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJK482R	NTUC Income Insurance Co-Operative Limited	5084361567-01	02/10/2017	01/10/2018

## Police Report

03/09/2018

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### SINGAPORE POLICE FORCE

Police Station Of Origin:  
Potong Pasir NPP  
142 Potong Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel No: 1800-2829999



7/2018

Report No.

#### CONTINUATION OF REPORT

#### Brief Details.

On 1/9/18 at about 1830hrs, I parked my vehicle bearing plate number sjk482r at the open spaced carpark of Adam food centre Lot number 32. Everything was intact.

Subsequently at about 1850hrs, I returned back to my vehicle and discovered that my rear bumper was damaged. As such, I went to view the camera footage from the rear camera installed in my vehicle. From the footage, I discovered that at about 1834hrs, there is one vehicle bearing plate number SJL245D was trying to reverse into the parallel parking lot number 31 behind me. The said driver's vehicle rear portion then knocked onto the rear of my vehicle while he was reversing before the driver drove away. I wish to state that the rear bumper of my vehicle was damaged and there is also a crack at the rear bumper near the exhaust.

# Police Report

03/09/2018

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**SINGAPORE  
POLICE FORCE**

Division Of Origin:  
Pasir NPP  
Long Pasir Avenue 3 #01-240  
SINGAPORE 350142  
Tel: 1800-2829999


Barcode: T/20180901/2171

3 of 3  
Report No. T/20180901/2171

**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: E / Sgt 2 LIM BRANDON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2018 21:42
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No: 65476148	Classification Of Case:

Authentication Stamp  
NP188



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**





Accident Photo

