SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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	18/09/2018 15:57
Date Of Accident	05/09/2018 08:00
Exact Location Of Accident	BLK 492 TAMPINES ST 45 MSCP LOT 39
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGB3336T
Insured/Policyholder	
Name Of Registered Owner	TAN KOK BENG
NRIC No	S1169507H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81822387
Alternative Phone No	OFFICE-81822387
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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	5081648870-02
Cover Note Number	-
Driver	
Name of Driver	CHEN YUNXIN
NRIC No	S8819395D
Date Of Birth	31/05/1988
Occupation	INDOOR
Date Of Driving Pass	10/07/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97936376
Fax Number	

NOEMAIL

BLK 822 TAMPINES ST 81 #04-196 Address

520822 Postcode

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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name MACPHERSON NEIGHBOURHOOD POLICE POST

NO

YES

NO

0

ROAD: BLK 54 PIPIT ROAD #01-82/84, **POSTCODE**: 370054, **COUNTRY**: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

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? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

Details of Witness 1

Name ANG BOH CHUAN

Phone Number 84430662

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

GBC4888P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category **COMMERCIAL VEHICLE**

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 25

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN					
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ECLARATION					1 1
We declare the foregoing pa	rticulars are true in every resp	pect.			1/
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olicyholder's Signature ate & Time:	Driver's Signature (If driver is not the p	policyholder)		Reporting Name:	Centre Personnel's Signature
	Date & Time:			NRIC/FIN	No.:

POLICE REPORT





1 of 3

Report No. T/20180918/2089

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

REPORT OF A TRAFFIC ACCIDENT

Tel No: 1800-7449999

Date/Time Report Made: 18/09/2018 15:37		fade:	Vide Report No.: G/20180905/7013	Station Diary No.: 22		
Informan	t's Partic	ulars				
Name of Informant: CHEN YUNXIN -			Address: APT BLK 822 TAMPINES STREET 81 #04-196 SINGAPORE 520822			
ID Type / ID No.: NRIC NO / S8819395D			Contact No.: Home/Office:			
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Female 30 31/05/1988			Type of Informant: Vehicle Owner			
Race: Chinese			Language:	Institution / School Name:		
Occupation: Pre-primary education teacher		ion teacher	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/09/2018 08:00	Type of Location Car Park	
Location: Along Road 1 TAMPINES S		39			
Weather:				Road Speed Limit:	
Traffic Flow:	ow: Traffic Control:			Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC4888P	Van	TOYOTA	HIACE MANUAL			0
SGB3336T	Car	TOYOTA	VIOS E AUTO	Silver	Slightly Damaged	0

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

POLICE REPORT



T/20180918/2089

2 of 3

Report No. T/20180918/2089

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

CONTINUATION OF REPORT

Vehicle Owner		HASOM		THE LANE	Contract of the last	
Name	CHEN YUNXIN			ID No		S8819395D
Related Vehicle	SGB3336T (Car)			Conta	ct No.	97936376
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date			charge	NIL	
No. of Days granted Medical Leave		NIL	Degree of Injury NIL		NIL	

Brief Details.

On 05/09/2018, I lodged an ePC police report G/20180905/7013 under TP IO Qhairil to report a hit and run involving my Silver Toyota SGB3336T at the above mentioned location. There was a witness "Ang Boh Chuan" who informed me that it was a "DHL" company van, however, he was only able to recall the numbers of the van's license plate (4888), and not the full license plate. On 08/09/2018, I was at the same location and spotted a "DHL" van bearing license plate number GBC4888P. I informed TP, who came down to the location. I subsequently have been in contact with a Senior Manager from "DHL", namely Dave Chew Kah Wei (HP: 83336676) who confirmed with me that the van was indeed the one involved. I am lodging this further report for insurance purposes. I also wish to state that while lodging the ePC report, I had incorrectly entered the location of incident as my residential address at Tampines Street 81, however the incident happened at the above mentioned location.

POLICE REPORT





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Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999 Report No. T/20180918/2089

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: G / Sgt 2 MUHAMMAD ZUHAIR BIN MIOR ABDUL AZIZ	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2018 15:37
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	

































