

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	27/09/2018 17:19
Date Of Accident	25/09/2018 18:50
Exact Location Of Accident	CIRCULAR ROAD PARKING LOT 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GQ5062R
Insured/Policyholder	
Name Of Registered Owner	K-XPRESS AV SOLUTIONS
Co Reg No	53058483B
Email Address	KELVIN@K-AVLSOLUTIONS.COM
Mobile Phone No	(LOCAL) +65-94239968
Alternative Phone No	OFFICE-94239968

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE SUPER GL
Exact Purpose for which vehicle was being used at time of accident	VAN WAS 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094274900
Cover Note Number	

Driver

Name of Driver	GOH JOO KWAN (WU RUGUANG)
NRIC No	S7610526Z
Date Of Birth	06/04/1976
Occupation	INDOOR
Date Of Driving Pass	01/06/2000
Driving Experience	18 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94239968
Fax Number	
Contact Number	OTHERS-94239968
Email Address	KELVIN@K-AVLSOLUTIONS.COM

Address	BLK 423 CLEMENTI AVENUE 1 #04-327
Postcode	120423
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180927/2103

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA532J
Vehicle Make/Model/Colour	AUDI
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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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: 27/9
3:45pm

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

Date & Time: 27/9
3:45pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE

Accident Sketch Plan

SKETCH PLAN

UNKNOWN REFER TO VIDEO.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/700097/2103

DECLARATION

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



Policyholder's Signature
Date & Time:

27/9
3.45pm

Driver's Signature
(If driver is not the policyholder)
Date & Time:

27/9
3.45pm

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20180927/2103

1 of 3

Report No. T/20180927/2103

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
27/09/2018 15:12

Vide Report No.:

Station Diary No.:
107

Informant's Particulars

Name of Informant:
GOH JOO KWAN

Address:
APT BLK 423 CLEMENTI AVENUE 1 #04-327 SINGAPORE
120423

ID Type / ID No.:
NRIC NO / S7610526Z

Contact No.:
Home/Office:

Mobile: 94239968

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 42 Date of Birth: 06/04/1976

Type of Informant:
Driver

Institution / School Name:

Race:
Chinese

Language:

Occupation:
Audio and video equipment technician

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Non-Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
25/09/2018 18:50

Type of Location:
Car Park

Location:
Along Road 1
CIRCULAR ROAD

Along Circular Road, Lot Number 11

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

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
GQ5062R	Van				Slightly Damaged	0
SLA532J	Car					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180927/2103

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180927/2103

CONTINUATION OF REPORT

Driver				
Name	GOH JOO KWAN		ID No.	S7610526Z
Related Vehicle	GQ5062R (Van)		Contact No.	94239968
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 27/09/2018 at about 1300hrs, I discovered damages at my company's van bearing registration number GQ5062R. Damages include cracks at the left rear bumper. I then tracked back my in-car cameras that were facing front and rear of the van.

I then discovered that on the 25/09/2018 at about 1850hrs, there was a white Audi bearing registration number SLA532J that had bumped onto the rear of my van when the driver was attempting to do a parallel parking at lot number 10 along Circular Road. On that day, I had parked my van at the stated location at about 1600hrs and left for work nearby. I came back at about 1930hrs, without noticing the damage.

After the discovery of the damage, I had contacted the insurance company which I had directed by them to lodge a police report to proceed with the insurance claim. I wish to state that I still have a copy of the video footage of the incident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180927/2103

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T/20180927/2103

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:

D /
Sgt 2 LEE LI HWEE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/09/2018 15:12

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

SI 37

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No.: M40001733

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: MA400173322 Vehicle Registration No: GQ5062R
Name (as shown in NRIC): Goh Joo Kwan (W/L Raghunath) NRIC/FIN/Passport No: S7610526Z
(*Vehicle Driver) (*Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 74239968
Email Address: _____
Date of Accident: 25/08/2018 Time of Accident: 17:19
Place of Accident: Circular Road Parking lot 11
Insurance Company: True

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DRIVER NAME to Goh Joo Kwan

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Rohi Wadhwa
NRIC/FIN No.: 27108/2018
Date: