

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	01/10/2018 16:54
Date Of Accident	30/09/2018 18:55
Exact Location Of Accident	CLEMENTI WEST ST 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF1144M
Insured/Policyholder	
Name Of Registered Owner	LEE QING HAO
NRIC No	S9043256G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90909199
Alternative Phone No	OTHERS-90909199

Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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	5099841063
Cover Note Number	

Driver

Name of Driver	LEE QING HAO
NRIC No	S9043256G
Date Of Birth	07/11/1990
Occupation	INDOOR
Date Of Driving Pass	20/03/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90909199
Fax Number	
Contact Number	OTHERS-90909199
Email Address	NOEMAIL

Address	BLK 48 #05-57 LOWER DELTA ROAD THE BEO CRESCENT
Postcode	160048
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	COLLIDED INTO PARKED VEHICLE
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20181001/7012

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6935X
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

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.

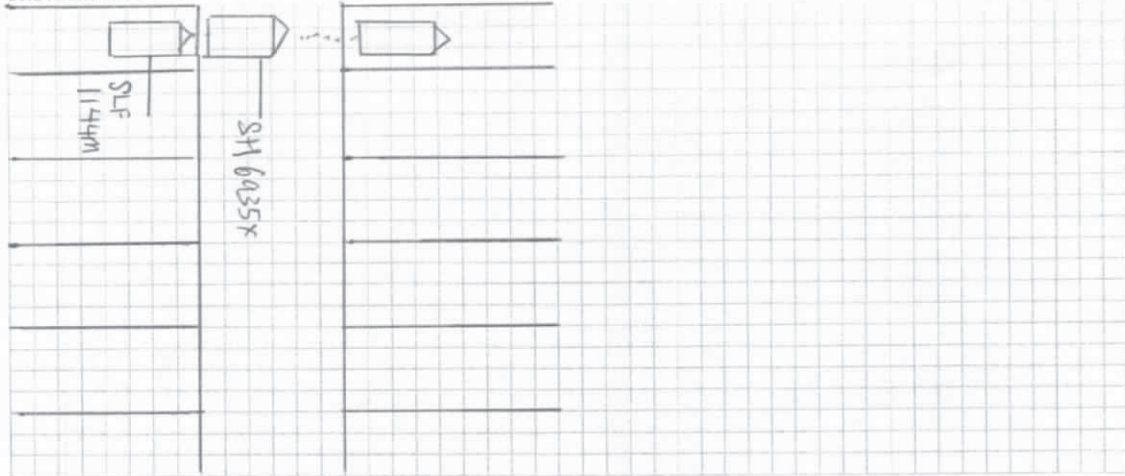


Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
Reporting Centre
23 Kaki Bukit Ave 4
Singapore 415933
Name: **Tan**
NRIC/ID No: **67416697** Fax: **67492305**
Email: **vackb@singnet.com.sg**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report.

DECLARATION

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

Maw
Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

Name: Singapore 415933
Tel: 67416697 Fax: 67492305

NRIC/ID No: Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181001/7012

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181001/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2018 16:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LEE QING HAO			Address: APT BLK 48 LOWER DELTA ROAD #05-57 SINGAPORE 160048		
ID Type / ID No.: NRIC NO / S9043256G			Contact No.:		Mobile: 90909199
Nationality: SINGAPORE CITIZEN			Email: annabelle_lim90@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 07/11/1990	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/09/2018 18:55	Type of Location: Car Park
Location: CLEMENTI WEST STREET 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 20 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Rear to front				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6935X	Car			Blue	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SH6935X	NTUC Income Insurance Co-Operative Limited	5099841063	14/04/2018	13/04/2019



**SINGAPORE
POLICE FORCE**



T/20181001/7012

2 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20181001/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LEE QING HAO	ID No.	S9043256G
Related Vehicle	NIL	Contact No.	90909199
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My vehicle slf1144m is parked stationary in the carpark lot of Clementi west st 2. When I am walking toward my car, witnessed my car is bang by sh6935x that is coming out from the opposite lot. He drive off without stopping. I have a witness ah Ming 87675878 and video of the collision.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20181001/7012

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Report No. T/20181001/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ABDUL KAREEM BIN ABDUL HAGUE
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/10/2018 16:45

Classification Of Case: