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 witholding of material facts may allow insurance companies to repudiate policy liability.
- 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	03/10/2018 12:31
Date Of Accident	02/10/2018 07:35
Exact Location Of Accident	ALONG BEDOK ROAD(NEAR TO BUS STOP B85061)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLJ1186X
Insured/Policyholder	
Name Of Registered Owner	KAREN LAI SUET MENG
NRIC No	S7139481F
Email Address	PAULCHIAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98488567
Alternative Phone No	OTHERS-93667810
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	CAR 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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5086484072-01
Cover Note Number	
Driver	

Name of Driver CHIAM SIONG HWEE

NRIC No S7171193E Date Of Birth 10/09/1971 Occupation **INDOOR Date Of Driving Pass** 27/10/1992

Driving Experience 25 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98488567

Fax Number

Contact Number OTHERS-93667810

EMail Address PAULCHIAM@GMAIL.COM

112 PUNGGOL WALK Address

#14-27 TWIN WATERFALLS

Postcode 828766

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

NO

YES

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name PUNGGOL N.P.C

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

TEL NO: - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181002/2173 AND NEW POLICE REPORT T/20181009/2022

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS9579U

Vehicle Make/Model/Colour MERCEDES BENZ

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

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. Taw 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

NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN ALBUM	POPUDOL POATO (NU	une to Bul 87e	()	
			111	
		T	1	-SJS857
		D DW		23327
			1	
		SLJ 1186x		
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		point of	impact.
			100	
		A	Me	
		4	1	
		On the		
		North		
	1		av	
		0100	201	
	May 108	18,00		
10-	10	18/00		
100		120		
1		1		
ECLARATION We declare the foregoing pa	articulars are true in every respect.	41	1	
	m	A	103/10/2018	
olicyholder's Signature ste & Time:	Driver's Signature (If driver is not the policy		Centre Parsonnel's Signatur	e 0m/2





T/20181002/2173

Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

1 of 3 Report No. T/20181002/2173

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: Vide Report 2/10/2018 20:30		Vide Report No.:	Station Diary No. 103
Informa	nt's Partic	ulars	NAME OF THE PARTY	CHARLES TO BE A CONTROL OF THE CONTR
	f Informant: SIONG HW		Address: 112 PUNGGOL WALK #14-2 SINGAPORE 828766	7 TWIN WATERFALLS
	Type / ID No.: RIC NO / S7171193E		Contact No.: Home/Office:	Mobile: 93667810
	Nationality: MALAYSIAN		Email:	
Sex: Male	Age:	Date of Birth: 10/09/1971	Type of Informant: Driver	
Race: Chinese			Language; English	Institution / School Name:
Occupat CONSU			Driving Licence Information: Class: 2B,3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/10/2018 07:35	Type of Location Straight Road
Location: Along Road 1 BEDOK ROA At the small re Weather:	70/00 10/11/06/01 10/ 10/		near to bus stop B8506	(S1) Road Speed Limit:
Sunny		Dry	3	toda opeda Elitit.
Traffic Flow:		Traffic Control:		Traffic Volume:
One Way		Not Controlled		Light

Details of V	ehicle Involved				Exercise Exercise	The same of the sa
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJS8579U	Car	MERCEDES BENZ		Silver		0
SLJ1186X	Car	HONDA	Vezel	Silver	Slightly Damaged	0

Details of Vehicle Insurance		CONTRACT OF THE		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLJ1186X	NTUC Income Insurance Co-Operative Limited	5086484072-01	29/11/2017	28/11/2018





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

Report No. T/20181002/2173

CONTINUATION OF REPORT

Details of Perso						
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	destriar	Cross	ing: NA
Driver	San Friday Borney	AT				
Name	CHIAM SIONG HW	EE		ID No		S7171193E
Related Vehicle	SLJ1186X (Car)			Conta	ct No.	93667810
Hospital/Clinic	NIL			Class Drivin Licens Expin	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 02/10/2018 at about 1200hrs after I parked my car one silver colour Honda Vezel bearing plate number SLJ1186X at the carpark of my home, I realized that there were scratches and dents on the rear right passenger side of my car near to the rear right tyre. However I do not know what had caused the dents as such I went to view the video footage from my in-car cameras (front and back).

After viewing the footages, I noticed that it was a hit and run accident that had caused the scratches and dents on my car. From the footage on 02/10/2018 at about 0736hrs, while my car was parked at the small road of the shop houses along Bedok Road (near to bus stop B85061), there was a silver Mercedes car which had collided to the rear right side of my car. The collision sound could be heard clearly from the video footage and there was also a slight movement of my car when the collision happened.

Thereafter, the Mercedes tried to reverse back however to no avail and it then drove past my car and left without leaving any particulars down. I managed to take down the car plate number of the Mercedes as SJS8579U from the video footage. This is the first time such incident had happened to me.





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828837 Tel No: 1800-6049999

3 of 3 Report No. T/20181002/2173

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: F / Staff Sgt ANG PEI YING, AGNES	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2018 20:30
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	





1 of 3

Report No. T/20181009/2022

Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

Date/Ti	of a TRAFFIC me Report N 018 09:59	fade:	Vide Report No.: T/20181002/2173	Station Diary No.: 21	
	ant's artic	ulars	THE RESIDENCE PARTY		
Name o	f Informant: SIONG HW		Address: 112 PUNGGOL WALK #14-27 SINGAPORE 828766	TWIN WATERFALLS	
	/ID No.: 0/S717119	93E	Contact No.: Home/Office: Mobile: 93667810		
	lationality:		Email:		
Sex: Male	Age:	Date of Birth: 10/09/1971	Type of Informant: Driver	To a control Name	
Race: Chinese			Language: English	Institution / School Name:	
Occupat	TO THE TANK		Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	D	orink orive:	Date/Time of Accident: 02/10/2018 07:35	Type of Location:
Location: Along Road 1 BEDOK ROAL AT THE SMAL		HOP HOUSES	SALONG	BEDOK ROAD. (NE	AR TO BUS STOP
B85061) Weather:		Road Su	ırface:		Road Speed Limit:
The state of the s		Road Su Dry Traffic C Not Con	control:		

Details of V	The state of the s	Make	Model	Color	Condition	No of Passe
Vehicle No.	Туре	Carlo Monteleder	III DESCRIPTION OF THE PARTY OF	Silver	1000円では日本	0
SJS9579U	Car	MERCEDES BENZ		Silver		
SLJ1186X	Car	HONDA	VEZEL	Silver	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	i MA
of Dodestrians Injured NIL	Use of Pedestrian Crossing: NA



T/20181009/2022

Report No. T/20181009/2022

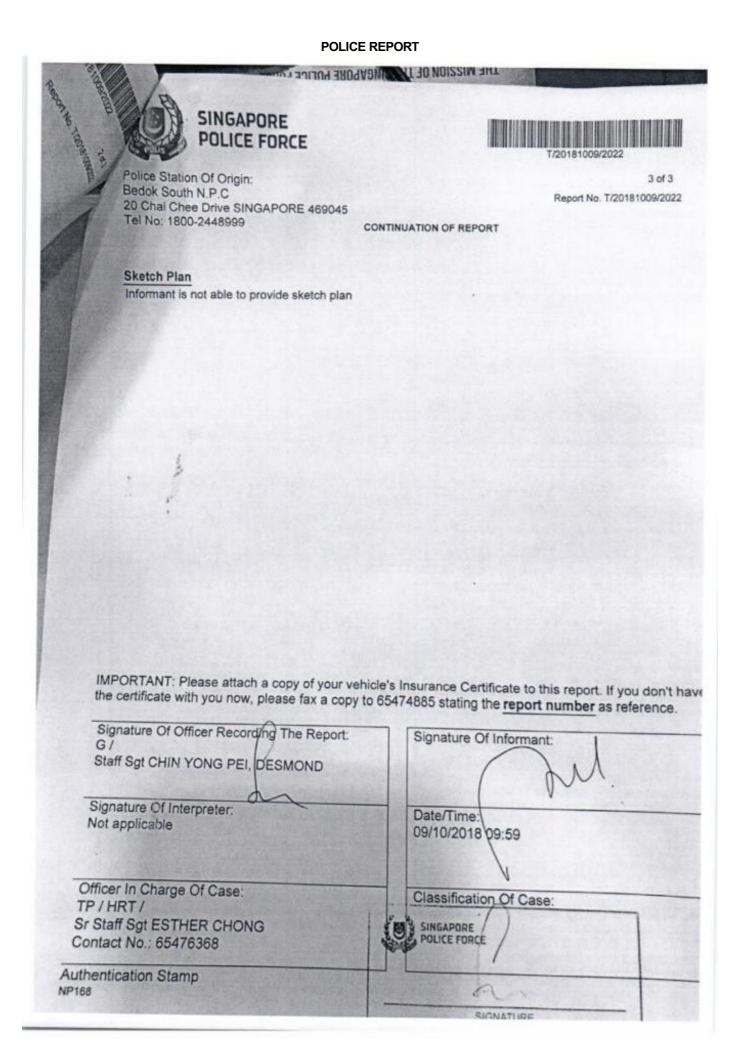
Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

CONTINUATION OF REPORT

Driver			STATE OF THE PARTY OF	S7171193E
Name	CHIAM SIONG HWEE	IDI		
Related Vehicle	NIL		ntact No	93667810
Hospital/Clinic	NIL		ass of iving cence & opiny Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge NIL		
No. of Days granted Medical Leave NIL		Degree of Inju	ury NIL	

Brief Details.

Reference to T/20181002/2173, I wish to state that the other party driver vehicle is SJS9579U instead of SJS8579U.

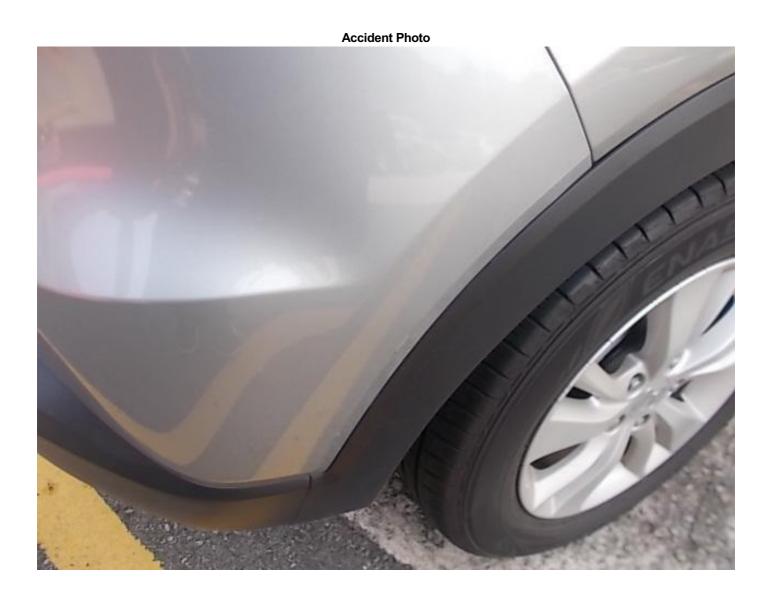
























Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Pax (65) 6224 0030

Operating Hours | Monday to friday, 09:00 - 17:00
ENTRE UEN: \$665500200 / 057 Rep. No.: M400017735 .

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 (*Vehicle Drivers Vehicle Owner 14) Please delete as appropriate Singapore(Address Contact (Tel) Email Address Date of Accident Place of Accident Insurance Company: (8) ADDITIONALINFORMATION /AMENDMENTS: I have made a report on the above mentioned accident and would like to Include additional information or make the following amendments: VENTICLE LUMBER 2 THIRD PERRY 0 Policyholder / Driver's Signature Date: NRIC/FINN