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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/07/2018 17:05
Date Of Accident	25/07/2018 22:00
Exact Location Of Accident	WOODLANDS DRIVE 50 NEAR BLK 897B WOODLANDS DR 50
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJD2414L
Insured/Policyholder	
Name Of Registered Owner	WANG HONGJUAN
NRIC No	S8183925E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81575892
Alternative Phone No	OTHERS-81575892
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER MIVEC GLS
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	5077891229-02 (DRIVO CLASSIC)
Cover Note Number	
Driver	

Driver

Name of Driver WANG HONGJUAN NRIC No S8183925E

 Date Of Birth
 01/02/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 18/12/2015

Driving Experience 2 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-81575892

Fax Number

Contact Number OTHERS-81575892

EMail Address NOEMAIL

Address BLK 410 #08-91 WOODLANDS STREET 41

Postcode 730410

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

NO

NO

YES

NO

0

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?

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.

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 WOODLANDS WEST NPC

Police Station Address ROAD: 9 MARSILING LANE, POSTCODE: 739146, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180726/2094 ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB7625X

Vehicle Make/Model/Colour

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 Pg. 1

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.
- 3. 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>.
- 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. 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.
- 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.

26 JUL 2018

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.:

Sketch Plan #2 Pg. 1

SKETCH PLAN				
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ECLARATION			GSESS MEDICAL CONTRACTOR OF THE PROPERTY OF TH	
We declare the foregoing particular	s are true in every respect.			
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olicyholder's Signature	Oriver's Signature		Reporting Centre Personnel's Signature	2
ate & Time:	(If driver is not the policyholo	der)	Name:	
	Date & Time:	•	NRIC/FIN No.:	





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999 1 of 3 Report No. T/20180726/2094

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 26/07/2018 14:46		Vide Report No.: J/20180725/0252	Station Diary No.: 68			
Informan	t's Particu	lars					
Name of I	nformant:		Address:	Address:			
WANG H	ONGJUAN		APT BLK 410 WOODLANDS STREET 41 #08-91 SING 730410				
ID Type /	ID No.:		Contact No.:	Contact No.:			
NRIC NO	NRIC NO / S8183925E		Home/Office:	Home/Office: Mobile: 81575892			
	Nationality: SINGAPORE CITIZEN		Email:				
Sex: Female	Age: 37	Date of Birth: 01/02/1981	Type of Informant: Driver				
Race: Chinese			Language: Institution / School Name				
Occupation:			Driving Licence Information:				
	Sales and related associate		Class: 3A Date of Expiry:				
professional nec							

General Informat	ion of the Accident					
Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 26/07/2018 10:1		
Location: Along Road 1 WOODLANDS D	RIVE 50 Blk 897B Woodlands [Or 50				
		Surface:		Road	d Speed Limit:	
			Control:			ic Volume: raffic
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				one conveyed by ulance:		

Details of Ve	ehicle Involved	l				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJD2414L	Car	MITSUBISHI	LANCER 1.5 MIVEC GLS 4A/T	Black	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJD2414L	NTUC Income Insurance Co-Operative	5077891229-02	15/03/2018	14/03/2019
	Limited			





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999 2 of 3 Report No. T/20180726/2094

CONTINUATION OF REPORT

Details of Perso	n Involved						
Any Pedestrian I	nvolved: No						
No. of Pedestrians Injured: NIL. Use of Pe			Use of Ped	edestrian Crossing: NA			
Driver .							
Name	WANG HONGJUAN			ID No		S8183925E	
Related Vehicle	SJD2414L (Car)			Contact No.		81575892	
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL		
Date Treatment	NIL Date Dis			<u>-</u>	NIL		
			Degree of Injury NIL				

Brief Details.

On 25/07/2018 at about 2040hrs, I parked my vehicle SJD2414L near the central rubbish chute of Blk 897B Woodlands Dr 50. I then left for my client's house. At about 2200hrs, I went back to my vehicle and saw 2 Police officers near my vehicle who then told me that my vehicle was hit and the driver drove away. Subsequently, 2 Traffic Police officers came to scene. I made a check and there were minor scratches and dents at the right rear side of my vehicle, near to the tyre.

I am lodging the report as advised from the TP officers. My in car camera was not in recording mode when the incident happened.

TP IO in-charge: IO Hidayah





Police Station Of Origin: Woodlands West N.P.C. 9 Marsiling Lane SINGAPORE 739146 Tel No: 1800-363 9999 3 of 3 Report No. T/20180726/2094

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.

ll l	
Signature Of Officer Recording The Report: J / Staff Sgt NUR HAZIMAH BINTE ZAINUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2018 14:46
Officer In Charge Of Case: TP / HRT / SSI GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp	

POLICE DEPARTMENT

OFFICE NOTES

J 20180725 | 0252

IO Hidayah

6547 6331 lodge accodent report.

NP 364(94)

Page 9 of 18

r si



Traffic Police 10 Ubl Avenue 3 Singapore 408865 Tel +65 6547 0000 Fax +65 6547 6259 www.police.gov.sg

Our Ref Date : TP/IP/42135/2018 : 17 September, 2018

WANG HONGJUAN APT BLK 410 WOODLANDS STREET 41 #08-91 SINGAPORE 730410

Dear Sir/Madam

ACCIDENT INVOLVING SJD2414L/SHB7625X ON 25.07.2018 AT 2209 HRS, ALONG BLK 897A WOODLANDS DRIVE 50 S (730897)

I refer to the above accident.

- Please be informed that we have completed our investigations which shows that the driver of SHB7625X has committed an offence of Careless Driving under Rule 29 Road Traffic Rules, Failing to stop after accident under Section 84(1) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said offence.
- 3. If you have any queries, please contact the Investigation Officer, Noorhidayah Abdullah at telephone number 6547 6331.

Yours faithfully

RENEE LOH

FOR HEAD INVESTIGATION

TRAFFIC POLICE

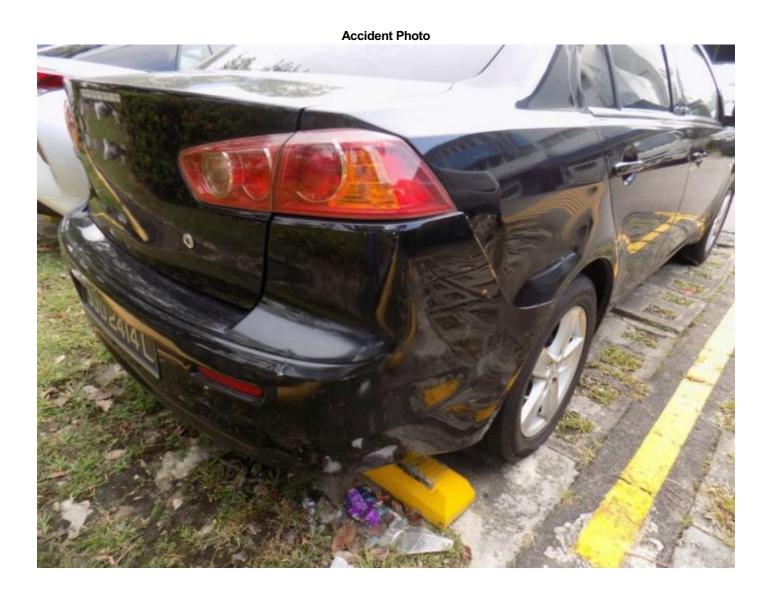
SINGAPORE POLICE FORCE

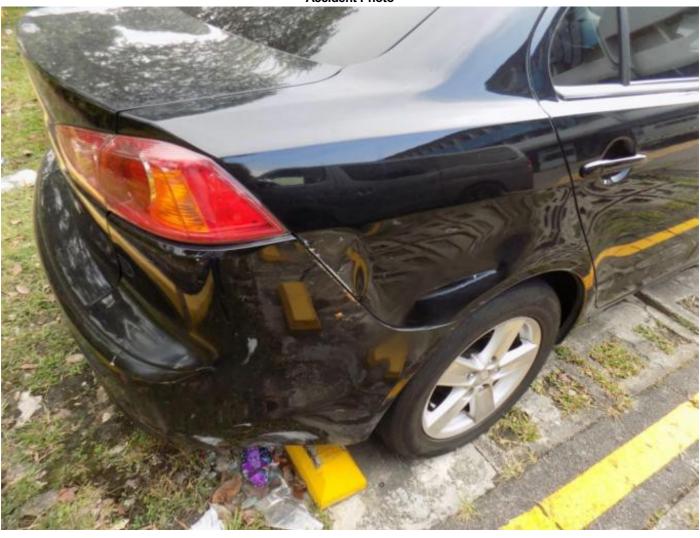


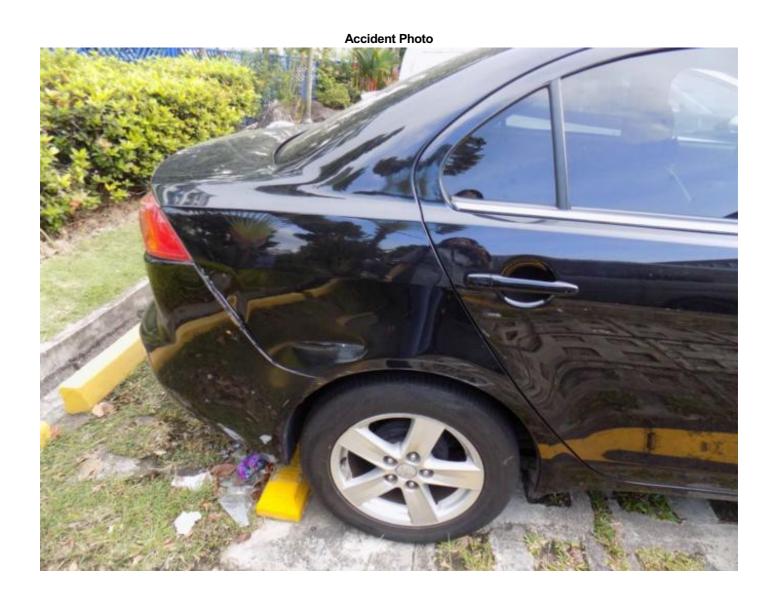












Addendum Sheet Pg. 1



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: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: ______Vehicle Registration No: SSD 2イリチレ Original Report No: MVA 218096800 Name(as shown in NRIC): WANG HONG SMAN _NRIC/FIN/PassportNo:<u>S8183</u>925E (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate : 31 ROSENIOD DR #d528 Singapore(7379122 Address Mobile No.: 8157 5892 Contact (Tel) : M email. **Email Address** Time of Accident: 2210 HRS Date of Accident WALS DR BO Place of Accident (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: REVERT MANTS A150 0 7 NOV 2018 Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: Date: NRIC/FIN No.:

Date:

GIARMC addendumform_V3