

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 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 | 08/11/2018 17:00 |
| Date Of Accident | 01/10/2018 08:15 |
| Exact Location Of Accident | 82 TELOK BLANGAH DR MARKET LOADING/UNLOADING BAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | PC4024A |
| Insured/Policyholder | |
| Name Of Registered Owner | CROSS CONTACT SERVICES |
| Co Reg No | 53257153C |
| Email Address | STEVEN.GAN.TG@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94764667 |
| Alternative Phone No | OFFICE-94764667 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | TOYOTA |
| Model | HIACE |
| Exact Purpose for which vehicle was being used at time of accident | GOING FOR BREAKFAST |
| 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 | 5073045374-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | STEVEN GAN TECK GUAN |
| NRIC No | S1556365F |
| Date Of Birth | 07/06/1962 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 24/06/1982 |
| Driving Experience | 36 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-94764667 |
| Fax Number | |
| Contact Number | OTHERS-94764667 |
| Email Address | STEVEN.GAN.TG@GMAIL.COM |

| | |
|---|-----------------------|
| Address | 1 QUEENSWAY #03-64 |
| Postcode | 149053 |
| 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 | QUEENSTOWN N.P.C |
| Police Station Address | ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4719999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20181108/2050

Attachment(s)

| | |
|---|------------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | POLICE CAMERA CAPTURED |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | GX5777A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| 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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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.

CROSS CONTACT SERVICES

Policyholder's Signature
Date & Time:

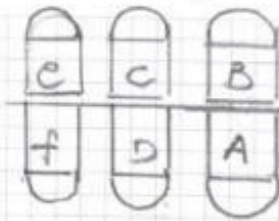
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Loading & unloading Bay Area 31k82 Telok Blangah Drive Market



Police camera

A - PC 4024A

B - GX 5777A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS REPTD TO POLICE REPORT
7/20/8/108/2050

DECLARATION

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

CROSS CONTACT SERVICES

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.:

DIARIE SketchPlanForm_V3

9/11/18
15.17 HRS

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20181108/2050

1 of 2

POLICE REPORT (NP299)

Report No. D/20181108/2050

Police Station Of Origin
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

| | | |
|---|---|-------------------------|
| Date/Time Report Made 08/11/2018 15:29 | Vide Report No. D/20181001/0032 | Station Diary No. 50 |
| Name Of Informant STEVEN GAN TECK GUAN | Address 1 QUEENSWAY #03-64 SINGAPORE 149053 | |
| ID Type / ID No. NRIC NO / S1556365F | Contact No. Home/Office | Mobile 94764667 |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation SELF EMPLOYED | Sex Male | Age 56 |
| | Date of Birth 07/06/1962 | Race Chinese |
| Institution/School Name | Language | |
| Date/Time Of Incident 01/10/2018 00:00 | Location Of Incident 82 TELOK BLANGAH DRIVE MKT(BLK 82 TELOK BLANGAH DRIVE)* SINGAPORE 100082 Loading, unloading bay. Service area | |

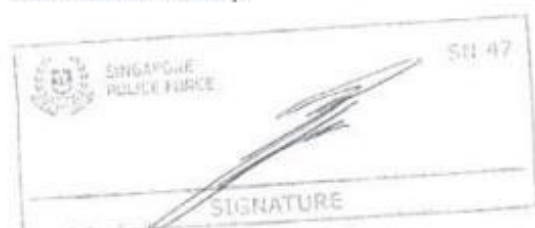
Brief details.

I would like to inform that I'm lodging a report with reference to D/20181001/0032.

On the 01/10/2018, parked my vehicle (PC4024A) at the loading and unloading bay of Telok Blangah market and went to have my breakfast at about 0815hrs. I came back to my vehicle at about 0830hrs, and a witness informed me that somebody had reversed from the parking lot and had collided into the rear portion of my vehicle. The rear body is partially damaged with the bumper dented along with some

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: D / Sgt 3 ROGER GOH XIN YAN | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 08/11/2018 15:29 |
| Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ELEANOR WONG CHEN HUI Contact No.: | Classification Of Case: |

Authentication Stamp



POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20181108/2050

2 of 2


POLICE REPORT (NP299)

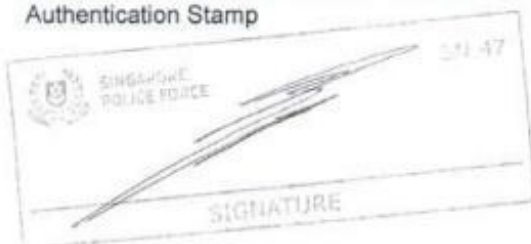
CONTINUATION OF REPORT

Report No. D/20181108/2050

scratches. The person then punctured both my rear tyres before leaving. I then called for the police. The incident was classified as mischief. I was informed later by the investigator that the vehicle who was responsible is (GX5777A).

| | |
|-------------------|----------------------------------|
| Subjects Involved | |
| Victim | |
| Person Name | STEVEN GAN TECK GUAN (Informant) |

| | |
|---|---|
| Signature Of Officer Recording The Report: D / Sgt 3 ROGER GOH XIN YAN | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 08/11/2018 15:29 |
| Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp ELEANOR WONG CHEN HUI Contact No.: | Classification Of Case: |
| Authentication Stamp | |



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: S64550020G / GST Reg. 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 : MMA418144784 Vehicle Registration No: PC 4024A
Name (as shown in NRIC) : STANLEY TAN JACK GUAN NRIC/FIN/Passport No : S1556365F
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 94764667
Email Address : _____
Date of Accident : 01/10/2018 Time of Accident : 08:15
Place of Accident : 22 JALAN BELANGHAT DR. MARKET LOADING & UNLOADING BAY
Insurance Company : NIC

(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:

Sketch Plan Drawing.

CROSS CONTACT SERVICES

Policyholder / Driver's Signature
Date: 9/11/18

15.17 HRS.

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