

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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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:

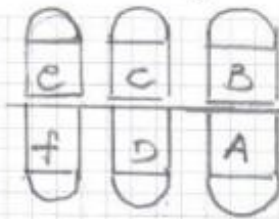
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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 reported 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:

9/11/18
15.17 HRS

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

09/11/2018
Rashid Kattas

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		

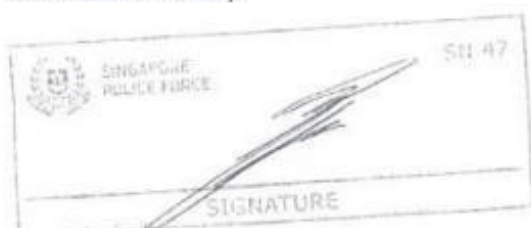
Brief details.

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)

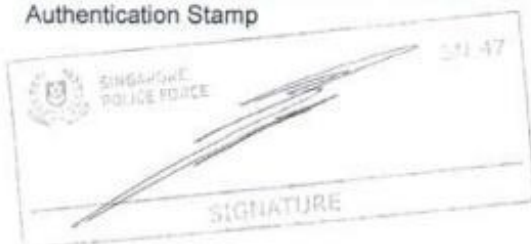
CONTINUATION OF REPORT

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 : MMMA18144784 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 BERKOH 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: _____

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: S86550920G / 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 : MA1814784 Vehicle Registration No : PC 4024A
Name (as shown in NRIC) : STEVEN TAN TUCK CHUAN NRIC/FIN/Passport No : S1556365F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 94264667
Email Address : _____
Date of Accident : 01/10/2018 Time of Accident : 08:15
Place of Accident : 22 TUCKER BLVD. DR. MARKET (between 1st & 2nd floor) 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: Rishi
NRIC/FIN No: 181118
Date: 09/11/2018