M*V/318149300 / VAC - Kaki Bukit EINTRY DATE & TIME: 19/11/2018 11:53 SLEMITTED BY: Norhaini Bte Abdul Majid

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 an onlying 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	19/11/2018 11:53
Date Of Accident	16/11/2018 20:15
Exact Location Of Accident	OPEN CARPARK OF 23 PECK SEAH STREET (LOT: 103)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH1527G
Insured/Policyholder	
Name Of Registered Owner	JP1527 LIMO SERVICE
Co Reg No	53346158L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98781527
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used a time of accident	t
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104173225 COMP
Cover Note Number	
Driver	
Name of Driver	PEH BOON HUA
NRIC No	S6921837G
Date Of Birth	25/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/05/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98781527
Fax Number	

NOEMAIL

Address

BLK 984D BUANGKOK LINK #15-27

Postcode

537984

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Imsurance 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

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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

SMC188Y

Vehicle Make/Model/Colour

MERCEDES BENZ AMG GLC43 4MATIC COUPE (R19 LED)

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)

SKETCH PLAN

MPORTANT NOTICE

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- f. Consent under the Personal Data Protection Act (FOPA)

Lunderstand, arknowledge, 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 daims including the settlement of the claims and any necessary investigations relating to the daims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions of 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 (aw 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' isvayers/faw firms, may/are permitted to collect, use, divides and/or process my Personal information for one or many of the above Purposes; and
- (i) 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 lewyarr/ aw firms], which may be sized outside of Singapore, for one or more of the above Purposes.
- (b) my Personal information will also be explicated and used to compile claims history for the purpose of freed differion, investigation and meregement in present and all future district.
- ්මේ හාය information so collected under (II) above rady be shared / ව්යේෂයෙන්
 - (i) to all insurers end/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

(i) for complying with requirements under any regulations, laws or court orders.

CLIMO SER

Folloynologra Bignatura Data & Time:

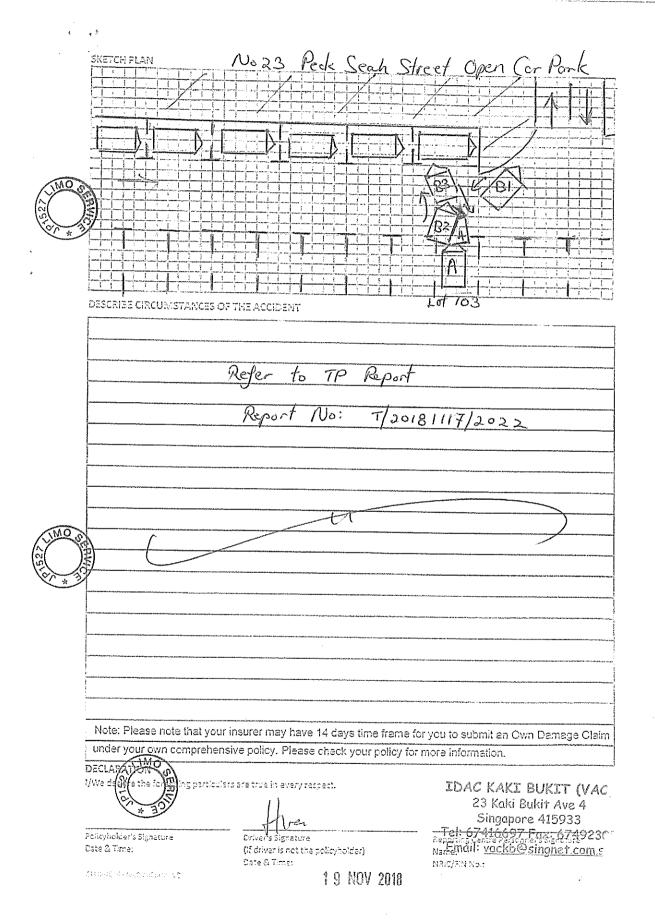
Oriver's Signature
(If driver is not the policyboider)
Date & Time:

19 NOV 2018

IDAG KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 Singapore 415933 Tel: 67416697 Fax: 67492305

<u>Email: vackb@singnet.com.sg</u> Reporting Contro Petronnel's Signature Name:

NRIC/FIN No.:



Individual Statement Pg. 1





Police Station Of Origin:

Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Report No. T/20181117/2022

KEPORT OF							
Date/Time Report Made: 17/11/2018 10:09			Vide Report No.:	Station Diary No.:			
Michigan		lars 💰 🚉					
Name of Ir PEH BOO			Address: APT BLK 984D BUANGKOK LINK #15-27 SINGAPORE 537984				
ID Type / I NRIC NO /	S692183	7G	Contact No.: Home/Office:	Mobile: 98781527			
Nationality SINGAPO		ΞN	Email:				
Sex: Male	Age: 49	Date of Birth: 25/06/1969	Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 16/11/2018 20:	15	Type of Location: Car Park
Location: Along Road 1 PECK SEAH 8	STREET			1 10/1 1/2018 20.	19	
Open Carpark Weather: Clear	of 23 Peck Seah Street		103 Surface:		Roa	d Speed Limit:
Traffic Flow:			Control:	10 - 10	Traf	fic Volume:
Type of Collisi Moving Vehicl	on: e Against - Parked Vehi	cle				one conveyed by ulance:

Sara (Sec.)						
venicle No.	Туре	Make	Model	Color	Condition	N. A. P. Seenne
SLH1527G	Car	HONDA	VEZEL 1.5X HYBRID CVT ABS D/AIRBAG 2WD	Black		0
SMC188Y	Car			White		0

Individual Statement Pg. 1





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

Report No. T/20181117/2022

CONTINUATION OF REPORT

Details of Person Any Pedestrian Ir						
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	PEH BOON HUA			ID No		\$6921837G
Related Vehicle	SLH1527G (Car)			Contact No.		98781527
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	<u> </u>	NIL	
		NIL	Degree of Injury NIL			
				,,,,,		
Name	Unknown			ID No		NIL
Related Vehicle	SMC188Y (Car)			Conta	ct No.	NIL
Hospital/Clinic	NIL		1 2 - 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL.	
No. of Days granted Medical Leave NIL		NIL	Degree of	Injury	NIL	

Brief Details.

On 16/11/2018 at about 2015hrs, my grab-car(Registration No. SLH1527G) was parked stationary at open carpark of No. 23 Peck Seah Street Lot No. 103 when another car(Registration No. SMC188Y) was reversing and its rear bumper area collided onto my front bumper area twice, resulting in dent and scratch damages. I on my headlight and honk at the driver repeatedly however he continue driving. I then alighted from my car where the car make a turn and wave at the driver to stop however the driver refused to stop. I was not injured and there is dashcamera on my car which captures the incident. I am lodging this Police report as it is a hit-and-run incident.

Individual Statement Pg. 1





Police Station Of Origin: Hougang N.P.C

Report No. T/20181117/2022

3 of 3

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 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 / Sgt 2 BOH YONG SENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/11/2018 10:09
	·
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
SI KALESWARI PALANI	
Contact No.: 65476902	
Authentication Stamp	