

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	17/12/2018 14:15
Date Of Accident	15/12/2018 21:15
Exact Location Of Accident	CHOA CHU KANG AVE1(BLK817KEATHONGLINKMSCP/SOLACRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3709B
Insured/Policyholder	
Name Of Registered Owner	SHANE LEE
NRIC No	S1703516I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81000881
Alternative Phone No	OTHERS-81000881

Vehicle Particulars

Manufacturer	LAND ROVER
Model	FREELANDER 2 I6 AUTO HSE
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	5100713287
Cover Note Number	

Driver

Name of Driver	SHANE LEE
NRIC No	S1703516I
Date Of Birth	31/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/03/2009
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81000881
Fax Number	
Contact Number	OTHERS-81000881
EEmail Address	NOEMAIL

Address	BLK 438 ANG MO KIO AVENUE 10 #02-1331
Postcode	560438
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	DRIZZLING
Road Surface	WET

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?	YES
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)	2
Passenger 1	NAME: : HA THI MY HIEN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181216/2114

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	SKJ1859A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO CATHAY
NRIC/Passport Number	S7830232A
Contact Number	98241412
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SHANE LEE
Approximate Age	
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SLX3709B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

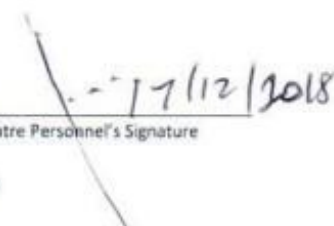
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

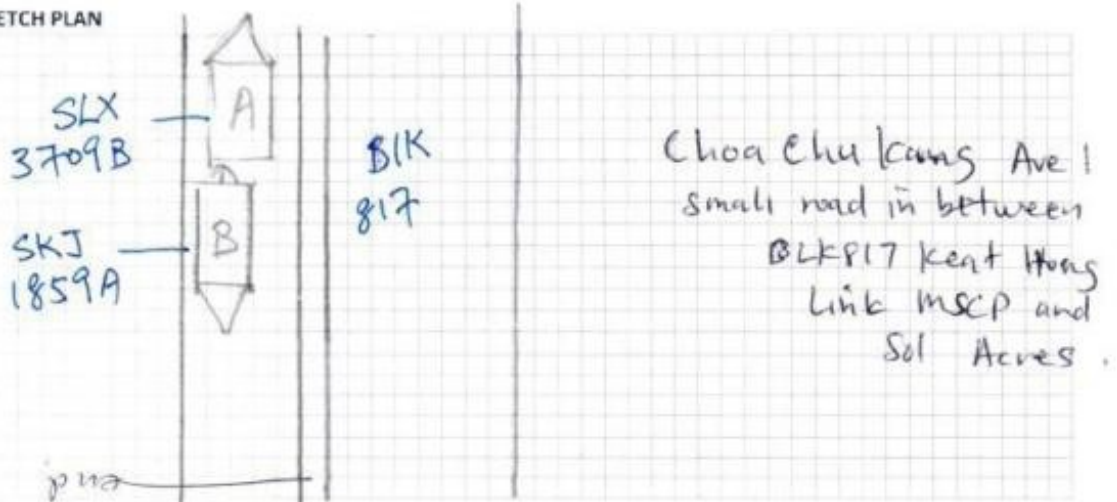

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/2018/216/2114

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature] 17/12/2018

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181216/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20181216/2114

CONTINUATION OF REPORT

Driver			
Name	TEO CATHAY		ID No. S7830232A
Related Vehicle	SKJ1859A (Car)		Contact No. 98241412
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	SHANE LEE		ID No. S1703516I
Related Vehicle	SLX3709B (Car)		Contact No. 81000881
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Passenger			
Name	HA THI MY HIEN		ID No. S8365221G
Related Vehicle	SLX3709B (Car)		Contact No. 88777012
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 15/12/2018 at about 2115hrs, my car bearing SLX3709B was parked at the road in between Blk 817 Keat Hong Link and a condominium, Sol Acres. My wife and I was having a discussion in the car when a car bearing SKJ1859A came reversing and collided onto my vehicle. The collision was quite an impact.

After our car had collided, I got down from my car to speak to the driver. The driver namely, TEO CATHAY, S7830232A, Tel:98241412 came down to check on us. He informed that he is not injured and do not need any ambulance.

My vehicle suffered damages on the rear where the bumper's inner layer is protruding out on the left side and the left rear light is broken. The car reverse guiding system is faulty. My rear left tyre is not smooth while driving. I will be sending my car for servicing to check for other damages. The other party's vehicle

Sketch Plan #4



**SINGAPORE
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T/20181216/2114

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Report No. T/20181216/2114

CONTINUATION OF REPORT

suffered damages on the rear left bumper and the bonnet is protruding out.

We exchanged particulars and we will be claiming insurances on other own.

I did not suffer any injuries. However, I feel that my back sore and my wife feels giddy from the impact. I have not yet to see a doctor, but I have booked an appointment for myself and my wife on 17/12/2018 to have a check-up.

I am lodging this report for record purposes and for insurance claims.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181216/2114

Police Station Of Origin:
Choa Chu Kang N.P.C
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SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20181216/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2018 21:48	Vide Report No.:	Station Diary No.: 116
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Informant's Particulars			
Name of Informant: SHANE LEE		Address: APT BLK 438 ANG MO KIO AVENUE 10 #02-1331 SINGAPORE 560438	
ID Type / ID No.: NRIC NO / S17035161		Contact No.: Home/Office: Mobile: 81000881	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 53	Date of Birth: 31/10/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: CONSTRUCTION		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/12/2018 21:15	Type of Location:
Location: Along Road 1 CHOA CHU KANG AVENUE 1 small road in between Blk 817 Keat Hong Link MSCP and Sol Acres.				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKJ1859A	Car				Slightly Damaged	0
SLX3709B	Car	LAND ROVER	FREELAND ER	Black	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
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T/20181216/2114

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Report No. T/20181216/2114

CONTINUATION OF REPORT

Driver			
Name	TEO CATHAY		ID No. S7830232A
Related Vehicle	SKJ1859A (Car)		Contact No. 98241412
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
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Police Report



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Tel No: 1800-7659999

4 of 4

Report No. T/20181216/2114

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:

J /

Sgt 2 FELICIA GOH MIN EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

16/12/2018 21:48

Classification Of Case: