

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	24/12/2018 16:04
Date Of Accident	21/12/2018 15:05
Exact Location Of Accident	TAMPINES ONE BASEMENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2724C
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Insured/Policyholder

Name Of Registered Owner	BENJAMIN WEE SOON YEONG (HUANG SHUNRONG BENJAMIN)
NRIC No	S7537747I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83336211
Alternative Phone No	OFFICE-83336211

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5103693577
Cover Note Number	-

Driver

Name of Driver	BENJAMIN WEE SOON YEONG (HUANG SHUNRONG BENJAMIN)
NRIC No	S7537747I
Date Of Birth	17/12/1975
Occupation	INDOOR
Date Of Driving Pass	11/02/1998
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83336211
Fax Number	
Contact Number	OFFICE-83336211
Email Address	NOEMAIL

Address	BLK 211A COMPASSVALE LANE #03-192
Postcode	541211
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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.	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	
Vehicle Make/Model/Colour	UNKNOWN
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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.

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

Accident Sketch Plan

SKETCH PLAN




Tompkins one
 Placement complete.

A: 162226
 B: unknown.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Hentamenti.



DECLARATION

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

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY PARKED ON THE PARKING LOT OF STATED VENUE. WHEN I RETURN TO MY VEHICLE AND FOUND OUT ON MY VEHICLE WINDSCREEN THERES A NOTE, I REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION (BUMPER AREA).

POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408605
Tel No: 65470000



T20181224/0074

1 of 3

Report No: T20181224/0074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/12/2018 14:58
Vide Report No.:
Station Diary No.:

Informant's Particulars

Name of Informant: BENJAMIN WEE SOON YEONG
Address: APT BLK 211A COMPASSVALE LANE #03-192
COMPASSVALE BEACON SINGAPORE 541211
Contact No.:
Home/Office: Mobile: 83336211
Email:
ID Type / ID No.:
NPIC NO / S75377471
Nationality: SINGAPORE CITIZEN
Sex: Age: Date of Birth: 17/12/1975
Male 43
Race: Chinese
Type of Informant: Driver
Language: Institution / School Name:
Occupation: INSURANCE AGENT
Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive:	No	Date/Time of Accident:	21/12/2018 15:05	Type of Location:
Location:	Along Road 1 TAMPINES CENTRAL 1					
Weather:	Clear	Road Surface:	Dry	Road Speed Limit:		
Traffic Flow:		Traffic Control:		Traffic Volume:		
Type of Collision:	Anyone conveyed by ambulance: No					

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG2724C	Car	HONDA	VEZEL 1.5X CVT ABS DAIRBAG 2WD	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLG2724C			26/09/2018	25/09/2019

POLICE REPORT



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000



T/20181224/2074

2 of 3
Report No. T/20181224/2074

CONTINUATION OF REPORT

Details of Person Involved									
Any Pedestrian Involved: No									
No. of Pedestrians Injured: NIL									
Use of Pedestrian Crossing: NA									
Driver									
Name		BENJAMIN WEE SOON YEONG		ID No.		S75377471			
Related Vehicle		SLG2724C (Car)		Contact No.		8336211			
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		Unknown Driver		ID No.		NIL			
Related Vehicle		NIL		Contact No.		93869750			
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 THE ABOVE MENTIONED DATE & LOCATION,
MY VEHICLE WAS IN STATIONARY PARKED AT THE SAID LOCATION, WHEN I CAME BACK TO MY CAR I SAW SOME SCRATHES ON MY CAR, THE PERSON WHO HIT ONTO MY CAR LEFT A NOTE WITH HIS CONTACT NUMBER, SHE STOP RESPONDING TO MY MESSAGES AND FORCE ME TO MAKE A REPORT.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181224/2074

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20181224/2074

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:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/12/2018 14:58

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:



SINGAPORE
POLICE FORCE

Authentication Stamp
NP188

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

