

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	18/01/2019 14:10
Date Of Accident	17/01/2019 11:15
Exact Location Of Accident	54 MARINE TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU4706S
Insured/Policyholder	
Name Of Registered Owner	5M PARTNERS PTE LTD
Co Reg No	201811126M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96619849

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5100222941
Cover Note Number	

Driver

Name of Driver	LEM CHEE WEE
NRIC No	S7025450F
Date Of Birth	21/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1995
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96619849
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 50 TEBAN GARDENS ROAD #04-573
Postcode	600050
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : NA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	SDN973X
Vehicle Make/Model/Colour	
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

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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.

X

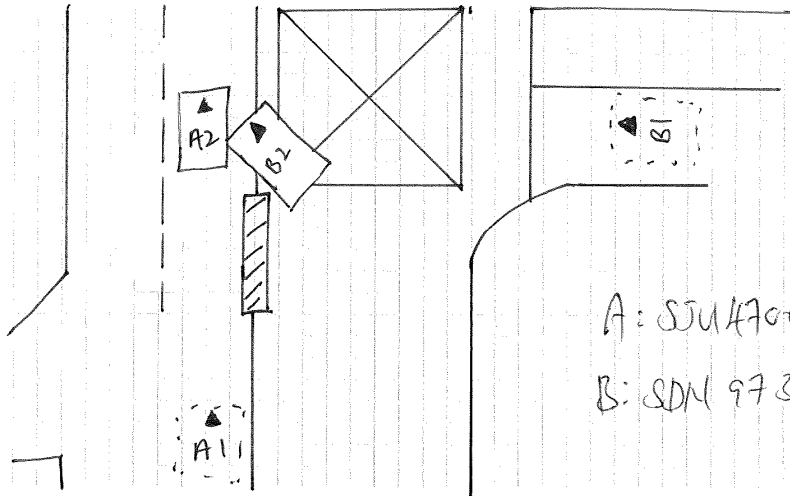


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A: SU4706S

B: SDN 9739C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date and time, I vehicle A was travelling straight.

Suddenly Vehicle B turn out from the carpark and did not stop at all. Hit onto my vehicle right portion. Then he just drove off.

I file this report to claim against him.


DECLARATION

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

P

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.:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Officer- In -Charge
Investigation Section
Traffic Police
No. 10 Ubi Avenue 3
Singapore 408865

Name : Lem Chee Wee
NRIC : S7025450F
Address: Blk 50 Teban Gardens
Road #04-573
Singapore (600050)
Tel : -
Pg / Hp : 96619849

Dear Sir

ACCIDENT INVOLVING SJU4706S and SDN973X

ALONG Marine Terrace

ON 17/01/2019 AT 11:15 AM

With reference to the above, I have on 17/01/2019(date) at 1228hrs (time)
made a police report at Marine Parade NPC(Name of police station / NPP) in NP 168
/ T/20190117/2064

2 On 17/01/2019 (date), at 1515hrs(time), at Marine Parade NPC(Name of
Police Station/NPP), I make the following amendments to the above report.

The correct vehicle registration number for the other vehicle is SDN973X

Yours faithfully



Signature

If a police officer records this amendment, please complete the following:

Name / Rank No:SSgt Syed Faiz

Station Diary No. 13

Signature




**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20190117/2064

1 of 3

Report No. T/20190117/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/01/2019 12:28

Vide Report No.:

Station Diary No.:
11

Informant's Particulars

Name of Informant:
LEM CHEE WEE

Address:
APT BLK 50 TEBAN GARDENS ROAD #04-573 SINGAPORE
600050

ID Type / ID No.:
NRIC NO / S7025450F

Contact No.:
Home/Office: Mobile: 96619849

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 48 21/07/1970

Type of Informant:
Driver

Race:
Chinese

Language:
English

Institution / School Name:

Occupation:
GRAB DRIVER

Driving Licence Information:
Class: 3

Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/01/2019 11:15	Type of Location: Straight Road
Location: Along Road 1 MARINE TERRACE				
Weather: Sunny	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDN573X (Not Accurate)	Car	NISSAN		Grey		0
SJU4706S	Car	TOYOTA		White		1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999



T/20190117/2064

Report No. T/20190117/2064



**SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road
449296
Tel No: 1800-4428999

CONTINUATION OF REPORT

Driver		ID No.	S7025450F
Name	LEM CHEE WEE		Contact No. 96619849
Related Vehicle	SJU4706S (Car)		Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger		ID No.	NIL
Name	Unknown Passenger		Contact No. NIL
Related Vehicle	SJU4706S (Car)		Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 17/01/2019 at about 1118hrs, I was driving along Marine Terrace towards to Blk 1 Marine Terrace. I am working as a Grab Driver and was sending a passenger to Ngee Ann Primary School. Out of a sudden, there was a gray Nissan came out of the carpark of Blk 15 Marine Terrace. The vehicle then hit onto the right rear passenger side of my vehicle. However, the vehicle did not stop and continue to drove off. I did not managed to get the vehicle number of the Vehicle. My In Car camera managed to capture the incident. However, the quality was not good enough to see the plate number.

I would like to state that there were no injuries during this incident. My right rear passenger side had a dent. There were no traffic police or ambulance came down to scene.

SINGAPORE CONTINUATION OF REPORT		Report No. T/20190117/2094 2 of 3	
ID No.	S1025550F	SINGAPORE POLICE FORCE	
Contact No.	99519645	Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999	
Class of	Class 3	1/20190117/2094 3 of 3 Report No. T/20190117/2094	
Date of Expiry	NIL	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: G / Sgt 2 MICHAEL LEE CHOON WEE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2019 12:28
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	

SINGAPORE POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

