

## 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	11/02/2019 12:22
Date Of Accident	05/02/2019 13:20
Exact Location Of Accident	SIN MING AVE TWDS UPP THOMSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8864G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SPACELOGIC PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67451733

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM11010001801
Cover Note Number	

### Driver

Name of Driver	BOO TZE CHONG(WU ZHIZONG)
NRIC No	S8001793F
Date Of Birth	04/02/1980
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2000
Driving Experience	18 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97985064
Fax Number	
Contact Number	
Email Address	CHONGBOND@HOTMAIL.COM

Address	BLK 220A SUMANG LANE #03-87
Postcode	821220
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	COLLISION - CHANGE/CROSS LANE
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?	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)	8
Passenger 1	NAME: : NG TENG KWEE GENDER: : MALE
Passenger 2	NAME: : BOO SIAM HIOK GENDER: : FEMALE
Passenger 3	NAME: : CHLOE NG YUN SHUN GENDER: : FEMALE
Passenger 4	NAME: : CHERYL NG YUN EN GENDER: : FEMALE
Passenger 5	NAME: : KEEFEE NG SWEE KIAT GENDER: : MALE
Passenger 6	NAME: : BOO FONG FONG GENDER: : FEMALE
Passenger 7	NAME: : BOO HOCK HENG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO

If Yes,against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190207/2122

Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN  
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

#### IMPORTANT NOTICE

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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)**

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.



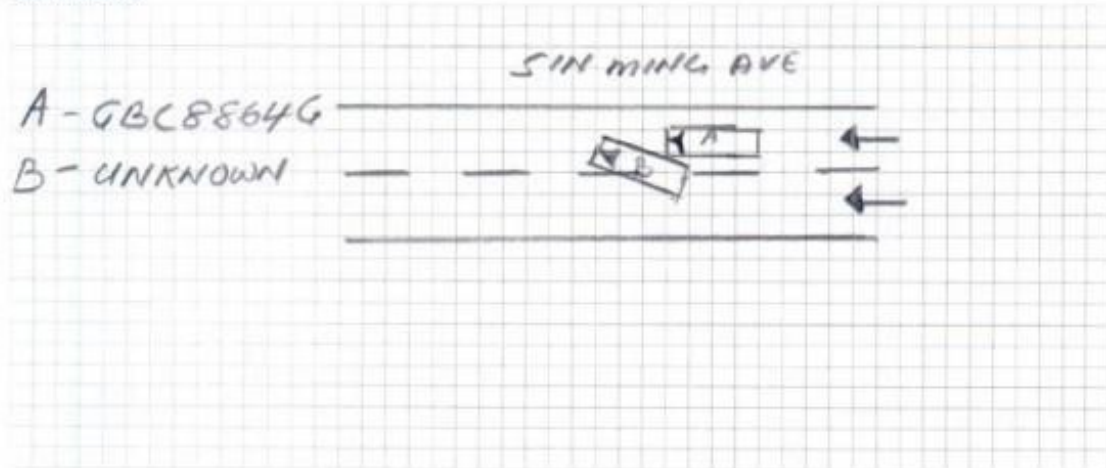
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 8/2/19

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Pls refer to the police report: T/20190207/2122*

## 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: 8/2/19

*[Signature]* 11/02/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20190207/2122

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20190207/2122

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	BOO TZE CHONG		ID No. S8001793F
Related Vehicle	GBC8864G (Van)		Contact No. 97985064
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

### Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION I WAS INVOLVED IN AN ACCIDENT.

I WAS TRAVELLING ON LANE 1/2 ON SIN MING AVE TOWARDS UPPER THOMSON ROAD AFTER SIN MING DRIVE. SUDDENLY AN UNKNOWN LORRY, GREY IN COLOUR, ON 2/2 LANES SLOWED DOWN AND WENT INTO MY LANE WITHOUT SIGNALLING AND THE RIGHT FRONT OF THE UNKNOWN LORRY HIT ONTO MY LEFT FRONT OF MY VEHICLE. WE BOTH STOPPED, BUT THE DRIVER OF THE LORRY SCOLDED ME SAYING "YOU CANNOT SEE I COMING UH."

I WENT TO CHECK MY VEHICLE AND SUDDENLY THE WIFE OF THE LORRY DRIVER SAID "THERE IS NOTHING TO TALK, WE NEVER COMPLAIN ABOUT YOU." AND THEN LEFT THE SCENE. I WAS NOT ABLE TO TAKE THEIR PARTICULARS AS THEY LEFT IN A RUSH. I HAVE A IN CAR CAMERA AND I HAVE THE FOOTAGE IN MY PHONE AND A COPY OF IT IN MY THUMBDRIVE.

THAT IS ALL.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190207/2122

1 of 3

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343-8999

Report No. T/20190207/2122

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2019 19:28	Video Report No.:	Station Diary No.: 168
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### Informant's Particulars

Name of Informant: BOO TZE CHONG			Address: APT BLK 220A SUMANG LANE #03-87 SINGAPORE 821220		
ID Type / ID No: NRIC NO / S8001793F			Contact No.: Home/Office: Mobile: 97985064		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 39	Date of Birth: 04/02/1980	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SUPERVISOR			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: 05/02/2019 13:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SIN MING AVENUE UPPER THOMSON ROAD Along Sin Ming Avenue towards Upper Thomson Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GBC8864G	Van				Slightly Damaged	0

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190207/2122

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
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2 of 3

Report No. T/20190207/2122

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	BOO TZE CHONG		ID No. S8001793F
Related Vehicle	GBC6864G (Van)		Contact No. 97985064
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

### Brief Details.

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Tel No: 1800-343 8999

3 of 3

Report No: T/20190207/2122

### 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 3 TAY JIAN LONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
07/02/2019 19:28

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No: 65478802

Classification Of Case:

Authentication Stamp  
NR108

# Identification Card

