

## 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	05/03/2019 10:04
Date Of Accident	01/03/2019 18:40
Exact Location Of Accident	FORD ROAD TOWARDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC8616L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAVAGE CORNELIUS CYPRIAN
NRIC No	S8729216I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96724455
Alternative Phone No	OTHERS-96724455

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
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	5101975941
Cover Note Number	

### Driver

Name of Driver	SAVAGE CORNELIUS CYPRIAN
NRIC No	S8729216I
Date Of Birth	16/09/1987
Occupation	INDOOR
Date Of Driving Pass	05/02/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96724455
Fax Number	
Contact Number	OTHERS-96724455
Email Address	NOEMAIL

Address	BLK 91A TELOK BLANGAH ST 31 #17-205 SINGAPORE
Postcode	101091
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?	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: : NA GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
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?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	WC4358D
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)

**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:

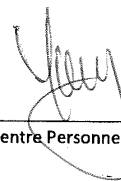
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

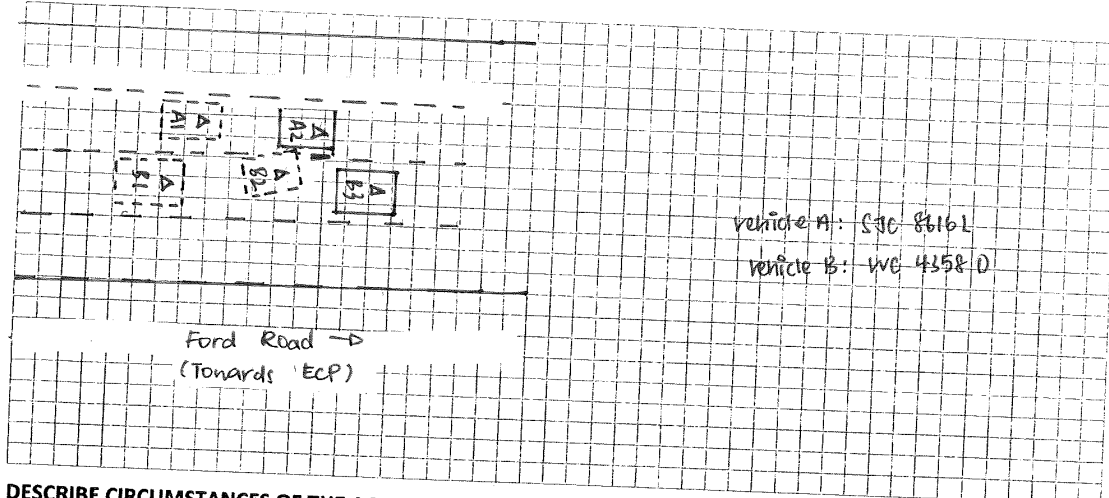


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I (Vehicle A: SJC 8616 L) was travelling straight in my lane. As the traffic light turn green & the vehicle in front of my vehicle move off, I proceed. All of a sudden, Vehicle B (WVE 4358 D) drive into my lane & collide into my vehicle's rear right portion. After collision, vehicle B did not stop & drove off. I would like to state this is a hit & run accident.

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 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190302/2051

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

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Report No. T/20190302/2051

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2019 11:40      Vide Report No.:      Station Diary No.:

<b>Informant's Particulars</b>			
Name of Informant: SAVAGE CORNELIUS CYPRIAN		Address: APT BLK 91A TELOK BLANGAH STREET 31 #17-205 TELOK BLANGAH PARVIEW SINGAPORE 101091	
ID Type / ID No.: NRIC NO: S8729216I		Contact No.: Home/Office:      Mobile: 96724455	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 31	Date of Birth: 16/09/1987	Type of Informant: Driver
Race: Burmese		Language:	Institution / School Name:
Occupation: ASSISTANT MANAGER		Driving Licence Information: Class:      Date of Expiry:	

<b>General Information of the Accident</b>					
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/03/2019 18:40	Type of Location:	
Location: Along Road 1 EAST COAST EXPRESSWAY FORD ROAD TOWARDS ECP					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJC8616L	Car	SUBARU	IMPREZA 5D 1.5R AWD AT	Gold	Seriously Damaged	1
WC4358D	Lorry	ISUZU	CYH52S			0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**

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



T/20190302/2051

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Report No. T/20190302/2051

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJC8616L	NTUC Income Insurance Co-Operative Limited	5101975941	07/07/2018	30/09/2019

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
Driver Name	SAVAGE CORNELIUS CYPRIAN	ID No.	S8729216	
Related Vehicle	SJC8616L (Car)	Contact No.	96724455	
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	WC4358D (Lorry)	Contact No.	NIL	
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.

AS STATED TIME, DATE AND LOCATION, I WAS TRAVELLING STRAGHT IN MY LANE. AS THE TRAFFIC LIGHT TURN GREEN AND THE VEHICLE IN FRONT OF MY VEHICLE MORE OFF, I PROCEED. ALL OF A SUDDEN, THE SAID VEHICLE DRIVE INTO MY LANE AND COLLIDE INTO MY VEHICLE'S REAR PORTION. AFTER THE COLLISION, THE SAID VEHICLE DID NOT STOP AND DROVE AWAY. I WOULD LIKE TO STATE THIS IS HIT AND RUN ACCIDENT.

[illegible]

T/20190302/2051

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Report No. 1/20190302/2051

## CONTINUATION OF REPORT

Informant is not able to provide sketch plan

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Signature Of Informant:

Date/Time:  
02/03/2019 11:40

**Classification Of Case:**

Signature:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

