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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

| aforesaid. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 04/05/2019 15:11 |
| Date Of Accident | 02/05/2019 19:00 |
| Exact Location Of Accident | BLK 633 WOODLANDS RING RD CARPARK |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLU1816D |
| Insured/Policyholder | |
| Name Of Registered Owner | OOI HONG SIANG (HUANG HONGXIANG) |
| NRIC No | S8847944J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91198716 |
| Alternative Phone No | OFFICE-91198716 |
| Vehicle Particulars | |
| Manufacturer | TOYOTA |
| Model | C-HR HYBRID 1.8G CVT |
| 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 | 5105218063 |
| Cover Note Number | |
| Driver | |
| | |

Name of Driver OOI HONG SIANG (HUANG HONGXIANG)

NRIC No S8847944J
Date Of Birth 22/11/1988
Occupation INDOOR
Date Of Driving Pass 10/11/2008

Driving Experience 10 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91198716

Fax Number

Contact Number OFFICE-91198716

EMail Address NOEMAIL

Address BLK 633 WOODLANDS RING ROAD

#08-143

Postcode 730633

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

Surance 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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

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 - SINGAPORE CITY

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190503/7023.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD5597S

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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- 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.
- 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
 - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (If driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

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Accident Sketch Plan

| SAE | TCH PLAN | | THE | ПП | ПП | | | TTT | ПП |
|-----|----------|----|------|------|-----|---|------|------|-------|
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| DESCRIBE CIRCUMSTANCES OF THE ACCIDENT | | | | | |
|--|-----|--------|--------|------|--|
| | Mfw | to | Police | refy | |
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DECLARATION

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

Policy holder's signature

Date & time:

Driver's signature

(if driver is not policy holder)

Date & time:

reporting centre personnel's Signature

Name:

NRIC/FIN No.:

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Police Report





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

1 of 3

Report No. T/20190503/7023

| REPORT | OF A TRAFFI | CACCIDENT | | | | | |
|--|-------------|----------------------|---|----------------------------|--|--|--|
| Date/Time Report Made: 03/05/2019 23:44 | | | Vide Report No.: | Station Diary No.: | | | |
| informs | nt's Partic | ulars), Nijir, Nijir | | | | | |
| Name of Informant: OOI HONG SIANG | | | Address: APT BLK 633 WOODLANDS RING ROAD #08-143 SINGAPORE 730633 | | | | |
| ID Type / ID No.: NRIC NO / S8847944J | | | Contact No.: Home/Office: | Mobile: 91198716 | | | |
| Nationality: SINGAPORE CITIZEN | | EN | Email: huanghongsiang@gmail.com | | | | |
| Sex: Age: Date of Birth: Male 30 22/11/1988 | | | Type of Informant: Vehicle Owner | | | | |
| Race: Chinese | | | Language: English | Institution / School Name: | | | |
| Occupation: | | | Driving Licence Information: | Date of Evolor | | | |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 02/05/2019 19:15 | Type of Location: Car Park |
|-----------------------------------|---------------------------|------------------------------------|---|-------------------------------|
| Location: WOODLAND Weather: Clear | S RING ROAD | Road Surface: | F | toad Speed Limit: |
| T#- Fla | | Traffic Control: Not Controlled | | raffic Volume: |
| Traffic Flow: One Way | | NOT COULTOING | 1.77 | |

| Details of Aburdle Havolved | | | | | | | |
|-----------------------------|-------------|--------|-------|--------|---------------------|----------------|--|
| Vehicle No. | Type Butter | Make | Model | Color | Condition | No of Passenge | |
| GBD5597S | Van | TOYOTA | | White | | 0 | |
| SLU1816D | Car | TOYOTA | CHR | Silver | Slightly Damaged | 0 | |

| Details of Person Involved | 有关于这种人也是他,然后,就是他们可能的一个。 第一个人,可以是一个人,可以是一个人,可以是一个人,可以是一个人,可以是一个人,可以是一个人,可以是一个人,可以是一个人, |
|---------------------------------|--|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |

Police Report





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

2 of 3 Report No. T/20190503/7023

CONTINUATION OF REPORT

| Vehicle Owner | THE RESERVE AND ADDRESS OF THE PARTY OF THE | 100 SV | Water of the San | | 70.0 | 二、 名称与维克多之 |
|------------------|---|--------|------------------|-------------------------------------|--------|-----------------------------------|
| Name | OOI HONG SIANG | | | ID No | | S8847944J |
| Related Vehicle | NIL | | | Conta | ct No. | 91198716 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL Date Di | | | harge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | Injury | NIL | |

When I pick up my car I saw there was an damage on the vehicle front right side there as an scratches with white on it. So i took the picture and drove to work, when I reach my work place. I removed the SD card from my dash camera and did an check of what happens. After the view of today and yesterday, I found out that there is an white van doing reverse parking when he accidentally hit on my side of the vehicle. Which cause the scratches on my vehicle, after few min the driver come out of the van can did an fast check which he saw but he did not care about and walk off. There is an video and picture of this accident and the damage cause

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190503/7023

CONTINUATION OF REPORT

| Sketch Plan | | | | | |
|--------------|-----|------|----|---------|-------------|
| Informant is | not | able | to | provide | sketch plan |

NP168

| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. |
|--|---|
| Signature Of Interpreter: Not applicable | Date/Time: 03/05/2019 23:44 |
| Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148 | Classification Of Case: |
| Authentication Stamp | |























