

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	07/05/2019 18:59
Date Of Accident	20/09/2018 00:00
Exact Location Of Accident	JUNC UPP CHANGI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ7245U
Insured/Policyholder	
Name Of Registered Owner	LI QINGRU SHARON
NRIC No	S8118744D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97764248
Alternative Phone No	OFFICE-97764248

Vehicle Particulars

Manufacturer	NISSAN
Model	TEANA 2.5 CVT ABS D/AB HID 2WD 4DR
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	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	5069299695-03
Cover Note Number	

Driver

Name of Driver	LEE AH KOW
NRIC No	S1331644I
Date Of Birth	16/03/1942
Occupation	INDOOR
Date Of Driving Pass	22/09/1980
Driving Experience	37 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98297834
Fax Number	
Contact Number	OFFICE-98297834
Email Address	NOEMAIL

Address	BLK 107 JALAN BUKIT MERAH #11-1814
Postcode	160107
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20190412/2073.

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN

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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.:

Accident Sketch Plan

SKETCH PLAN

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 4/219241-1277-

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.:

GRAND SketchForm_v2

Police Report



**SINGAPORE
POLICE FORCE**



G/20190412/2073

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POLICE REPORT (NP299)

Report No. G/20190412/2073

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 12/04/2019 14:06	Vide Report No.	Station Diary No.
Name Of Informant LEE AH KOW	Address APT BLK 107 JALAN BUKIT MERAH #11-1814 SINGAPORE	
ID Type / ID No. NRIC NO / S1331644I	Contact No. Home/Office	Mobile 98297834
Nationality SINGAPORE CITIZEN	Email Address	
Occupation OTHERS	Sex Male	Age 77
Institution/School Name	Date of Birth 16/03/1942	Race Chinese
Date/Time Of Incident 20/09/2018 00:00	Location Of Incident UNKNOWN	

Brief details.

I RECEIVED A LETTER FROM THE OTHER PARTY CLAIMING INSURANCE FROM ME.
I AM THE DRIVER OF THE VEH NO SKQ7245U, OWNERSHIP IS MY DAUGHTER LI QINGRU SHARON.

I AM VERY SURE NO ACCIDENT INVOLVED MY VEHICLE ON THE MENTIONED DATE .THE OTHER PARTY (SLS2506C STATED IN THE LETTER) WANTS TO CLAIM INSURANCE FOR THE DAMAGE ON HIS / HER CAR.BUT THERE IS NO DAMAGE ON MY CAR ON THE REAR PORTION .

Signature Of Officer Recording The Report: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/04/2019 14:06
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp LOH YI XIANG Contact No.:	Classification Of Case:
Authentication Stamp	<p>SINGAPORE POLICE FORCE</p> <p>Signature: </p>

Police Report



SINGAPORE
POLICE FORCE



G/20190412/2073

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190412/2073

THE QUOTATION FROM THE WORKSHOP ATTACHED ON THE LETTER WHICH WAS SENT TO ME CLEARLY STATED THAT ALL THE DAMAGES ON THE OTHER CAR IS AT THE FRONT PORTION.

THIS REPORT IS MADE FOR RECORD PURPOSE ONLY. UPON RECEIVED THE LETTER MY FRIEND TRIED TO CONTACT THE CUSTOMER SERVICE OFFICER TO VERIFY FOR MORE DETAILS FOR THE CASE BUT HE COULDN'T REACH THEM. SO AS A DRIVER OF SKQ7245U I AM LODGING THIS POLICE REPORT TO FACILITATE MY INSURANCE COMPANY TO CARRY OUT FURTHER INVESTIGATION CHECKS TO THE CASE.

REFERENCE REPORT NO WAS SENT TO MY DAUGHTER LI QINGRU SHARON (MT/CA/TP/022/1013678-001/APJT)
THATS ALL

Subjects Involved	
Victim	
Person Name	LEE AH KOW (Informant)

Signature Of Officer Recording The Report:

TP / YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp LOH YI XIANG
Contact No.:

Authentication Stamp

Signature Of Informant:

Date/Time:
12/04/2019 14:06

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

