

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	08/05/2019 18:52
Date Of Accident	07/05/2019 16:20
Exact Location Of Accident	BLK 33 PARK CRES MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9033R
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE EDL PTE LTD
Co Reg No	201414951G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62265633

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	VIANO CDI2.2 EL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095789624-01
Cover Note Number	

Driver

Name of Driver	LI SHU
NRIC No	S8064207E
Date Of Birth	29/05/1980
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91890586
Fax Number	
Contact Number	OFFICE-91890586
EEmail Address	NOEMAIL

Address	BLK 120 POTONG PASIR AVENUE 1 #01-820
Postcode	350120
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	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?	
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ALJUNIED NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 13 JOO SENG ROAD , POSTCODE: 360013 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2809999 - FAX NO: 62815960
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190508/2100.

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	UNKNOWN
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)

Accident Sketch Plan

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.



Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN

Sketch Plan area showing a grid with handwritten notes and a diagram.

Handwritten notes:

- On the left: "Mike is park cars parking car park."
- On the right: "A- PC9J33R", "B- Unknown"

Diagram: A small sketch of a car labeled 'A' and another labeled 'B' on a grid.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident area with a large grid.

Handwritten note: "Refer to police report. 170190508/2122."

A diagonal line is drawn across the grid.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190508/2100

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20190508/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 14:14	Vide Report No.:	Station Diary No.: 19
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Informant's Particulars

Name of Informant: LI SHU	Address: APT BLK 120 POTONG PASIR AVENUE 1 #01-820 SINGAPORE 350120		
ID Type / ID No.: NRIC NO / S8064207E	Contact No.: Home/Office: Mobile: 91890586		
Nationality: CHINESE	Email:		
Sex: Male	Age: 38	Date of Birth: 29/06/1980	Type of Informant: Vehicle Owner
Race: Chinese	Language: English		Institution / School Name:
Occupation: TRAVEL GUIDE	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: 07/05/2019 16:20	Type of Location: Car Park
Location: Along Road 1 PARK CRESCENT				
At 33 Park Crescent, which is a MSCP, Level 2, Parking lot no. 499.				
Weather:		Road Surface: a bit wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: UNKNOWN			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC9033R	Car	MERCEDES BENZ	VIANO CDI2.2 EL	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PC9033R	NTUC Income Insurance Co-Operative Limited			

Police Report



**SINGAPORE
POLICE FORCE**



T/20190508/2100

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20190508/2100

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LI SHU	ID No.	S8064207E
Related Vehicle	PC9033R (Car)	Contact No.	91890586
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 07/05/19 at around 1620hrs, I parked my company's vehicle bearing PC9033R at level 2 of MSCP located at 33 Park Crescent, parking lot no. 499. Before I left, I noted everything to be intact and not damaged.

On the same date at around 1910hrs, I returned to my vehicle, only to realise that there were multiple scratches and dents on the right lower side of my vehicle, and cracks on the glass of the right side headlight. The lights in the right headlight are totally not functional anymore, and one of the bulbs inside the left headlight is not functional as well. There were no notes left behind on my vehicle from anyone who collided against my vehicle.

As my vehicle's camera will only be switched on when the engine is running, I waited for the drivers of the vehicles that were parked opposite of my vehicle (SKL6191Z and SMK6921R), to check if their cameras that were installed in their vehicles had captured the accident or not. The vehicle owner for vehicle SKL6191Z turned up shortly, and I approached him for assistance.

On 08/05/19 in the afternoon, I was notified by the said vehicle owner that his vehicle's camera had only captured footage from 1820hrs onwards, and he informed that there was no accident which occurred from that point in time.

Police Report



SINGAPORE
POLICE FORCE



T/20190508/2100

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20190508/2100

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:
E /
Sgt 2 MARCUS TEO

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
08/05/2019 14:14

Classification Of Case:

SN 02

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

