SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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	21/05/2019 10:48
Date Of Accident	18/05/2019 18:45
Exact Location Of Accident	LOR TELOK PARALLEL CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP1176E
Insured/Policyholder	
Name Of Registered Owner	SONG WEICHENG
NRIC No	S8214993G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81982228
Alternative Phone No	OFFICE-81982228
Vehicle Particulars	
Manufacturer	BMW
Model	3201
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5087806223-02
Cover Note Number	-
Driver	
Name of Driver	SONG WEICHENG
NRIC No	S8214993G
Date Of Birth	26/05/1982
Occupation	INDOOR
Date Of Driving Pass	01/12/2005
Driving Experience	13 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81982228

OFFICE-81982228

NOEMAIL

Address 28 JLN LEMPENG #10-05

Postcode 128807

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

2

NO

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

Was any body injured in the Accident?

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.

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

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

NO

n Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKV590S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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 interested parties.
- 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:
 - 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:
 - 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

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100	TeloK				SKV 5705.
RIBE CIRCUMSTANCES	OF THE ACCIDENT				
*					
Please	Refer	4.	Police	n	
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	,	-			
RATION eclare the forest ing partic	ulars are true in every	respect.		-	,
,))-				for	4
older's Signature Time:	Driver's Signatur (If driver is not t	re the policyholder)		eporting Cent	tre Personnel's Signature

NRIC/FIN No.:

POLICE REPORT





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

1 of 3 Report No. T/20190518/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2019 21:43		fade:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars		The same of the sa		
Name of Informant: SONG WEICHENG			Address: 28 JALAN LEMPENG #10-05 SINGAPORE 128807			
ID Type / ID No.: NRIC NO / S8214993G			Contact No.: Home/Office:	Mobile: 81982228		
National SINGAP	ity: ORE CITIZ	EN	Email: lance.song@live.com			
Sex: Age: Date of Birth: Male 36 26/05/1982			Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Assistant Project Manager		anager	Driving Licence Information: Class: Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/05/2019 18:45	Type of Location Car Park
Location: CIRCULAR R	OAD	Road Surface:		Road Speed Limit:
vveamer.				
A A SECTION .		Dry		Road Speed Limit.
Clear Traffic Flow: One Way			king	Traffic Volume: No Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKV590S	Car	HONDA	Vezel	Blue	Slightly Damaged	5

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date		
SKV590S	NTUC Income Insurance Co-Operative Limited	5087806223-02	25/02/2019	24/02/2020		

POLICE REPORT





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

2 of 3 Report No. T/20190518/7015

CONTINUATION OF REPORT

Details of Perso	n Involved	2000	STATE OF THE PARTY	THE REAL PROPERTY.	1000	principal designation of
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver			STATE OF THE PARTY		Sac V	
Name	SONG WEICHENG			ID No	9	S8214993G
Related Vehicle	SKV590S (Car)			Conta	ct No.	81982228
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	The second secon	Degree of Injury		

Brief Details.

My vehicle SKP1176E parked in the car park lot, while SKV590S reversing and knocked onto my car front right bumper , headlamp and fender.

POLICE REPORT





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

3 of 3 Report No. T/20190518/7015

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

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: 18/05/2019 21:43
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp	























