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 CTATEMENT
	ACCIDENT STATEMENT
Date Of Report	29/05/2019 16:16
Date Of Accident	29/05/2019 05:55
Exact Location Of Accident	BLK 74-75 WHAMPOA DRIVE OPEN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV6983P
Insured/Policyholder	
Name Of Registered Owner	GO BOOSTER
Co Reg No	53369464K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82212638
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106766175
Cover Note Number	-
Driver	
Name of Driver	ENRIQUE LEE KAU-SIUNG
NRIC No	S1740922J
Date Of Birth	10/04/1966
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82212638

MELSKIP@HOTMAIL.COM

BLK 75 WHAMPOA DR #09-362 Address

Postcode 320075

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?

YES

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

NO

0 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name WHAMPOA NEIGHBOURHOOD POLICE POST

ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2507999 - FAX NO: 63554314 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

UNKNOWN Vehicle Registration Number

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

IMPORTANT NOTICE

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- 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 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.

GO BOOSTER Reg No: 53369464K

> 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

TCH PLAN		
		A= SJV 6983P
EHK-I4	OF THE ACCIDENT	corpork.
Please	Refer to Police	Peport
CLARATION (e declare the foregoing partic D BOOSTER g No: 53369464K	ulars are true in every respect.	4
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 1 of 3 Report No. T/20190529/2083

Tel No: 1800-2507999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 119 13:49	Made:	Vide Report No.:	Station Diary No.: 12	
Informa	nt's Partic	ulars			
	Informant		Address: APT BLK 75 WHAMPOA DRI	VE #09-362 SINGAPORE 320075	
	/ ID No.: D / S17409	22J	Contact No.: Home/Office: Mobile: 82212638		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 53	Date of Birth: 10/04/1966	Type of Informant: Vehicle Owner		
Race: Chinese		20	Language: English	Institution / School Name:	
Occupation: PRIVATE HIRER DRIVER		RIVER	Driving Licence Information: Class: 3	Date of Expiry:	

	mation of the Accident		5		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/05/2019 05:55	Type of Location Car Park	
Location: Along Road 1 WHAMPOA D	DRIVE	ampoa drive			
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Traffic Control: Two Way Not Controlled				Traffic Volume: No Traffic	
Type of Collis Moving Vehic	ion: le Against - Parked Veh	icle	3	Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJV6983P				Blue	Slightly Damaged	0

Details of V	ehicle Insurance	A DE WHI MENT HE WAS	NO HORSE	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV6983P	NTUC Income Insurance Co-Operative Limited	5106766175	03/01/2019	02/01/2020

POLICE REPORT





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 2 of 3 Report No. T/20190529/2083

Tei No: 1800-2507999

CONTINUATION OF REPORT

Details of Perso	n Involved	CHICAGO CONTRACTOR			100	ALCOHOLD STATE
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian	Cross	sing: NA
Vehicle Owner		11/2/25/25	THE RESERVE	0.555	10000	
Name	ENRIQUE LEE KAU	J-SIUNG		ID No		S1740922J
Related Vehicle	SJV6983P		Conta	ct No.	82212638	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	9	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	2201-12	Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 28/05/2019 at about 2100hrs, I drove my vehicle (SJV6983P) home at B/75 Whampoa Dr and parked at the open space car park at lot 52. I ensured that my vehicle were intact.

On 29/05/2019 at about 0555hrs, I went to my vehicle and discovered that driver side bumper was dented in. As there were no note left behind, I made a check in the carpark and found vehicle (SJR9954A) who had scratch mark at it rear bumper and with some paint mark which is similar to my vehicle color. As such I suspect that this is the vehicle which hit onto my vehicle.

I do not have any in car cam installed and are unsure if there is any vehicle around my vehicle had any.

POLICE REPORT





3 of 3

Report No. T/20190529/2083

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE

CONTINUATION OF REPORT

Sketch Plan

Tel No: 1800-2507999

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 / Staff Sgt LEE CHONG SAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/05/2019 13:49
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:
Authentication Stamp	

























