

## 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   | 14/06/2019 18:54                                  |
| Date Of Accident   | 13/06/2019 16:20                                  |
| Exact Location Of Accident   | 756 UPPER SERANGOON ROAD(UPP SERANGOON SHOPG CTR) |
| Country/State of Loss  | SINGAPORE   |
| DETAILS OF OWN VEHICLE   |   |
| Vehicle Registration Number  | SGX5816X  |
| Insured/Policyholder   |   |
| Name Of Registered Owner   | LOH WEI MING                                      |
| NRIC No  | S8913227D   |
| Email Address  | RAYZMOND@GMAIL.COM                                |
| Mobile Phone No  | (LOCAL) +65-92386829                              |
| Alternative Phone No   | OTHERS-92386829                                   |
| Vehicle Particulars  |   |
| Manufacturer   | TOYOTA  |
| Model  | COROLLA ALTIS-1.6 (A)                             |
| 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   | THIRD PARTY                                       |
| Fleet Policy   | NO  |
| Policy Number  | 5092376198-01                                     |
| Cover Note Number  |   |
| Driver   |   |
| Name of Driver   | LOH WEI MING                                      |
| NRIC No  | S8913227D   |
| Date Of Birth  | 20/04/1989  |
| Occupation   | INDOOR  |
| Date Of Driving Pass   | 19/06/2013  |
| Driving Experience   | 5 YEARS AND 11 MONTHS                             |
| Gender   | MALE  |
| Mobile Number  | (LOCAL) +65-92386829                              |
| Fax Number   |   |
| Contact Number   | OTHERS-92386829                                   |
| Email Address  | RAYZMOND@GMAIL.COM                                |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 13 LORONG 7 TOA PAYOH<br>#10-507 |
| Postcode  | 310013                               |
| 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   | COLLISION - OPENING DOOR OF VEHICLE |
| Weather Conditions | RAINING                             |
| Road Surface       | WET                                 |

#### 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?  | NO  |
| 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)   | 1   |

#### Details of Police Action

|   |   |
|---|---|
| Was the accident reported to the police?  | YES   |
| If Yes, Please state which Police Station |   |
| Police Station Name                       | KOLAM AYER NEIGHBOURHOOD POLICE POST  |
| Police Station Address                    | <b>ROAD:</b> BLK 72 GEYLANG BAHRU #01-3038 , <b>POSTCODE:</b> 330072 ,<br><b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2969999 - <b>FAX NO:</b> 62937659   |
| Was notice of intended Prosecution given? | NO  |
| If Yes, against whom?                     |   |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20190613/2107

#### 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 | SFS93K      |
| 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)

2

Passenger 1

NAME: :

GENDER: :

## Accident Sketch Plan

### SKETCH PLAN

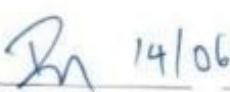
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#### 8. Consent under the Personal Data Protection Act (PDPA)

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: 14/06

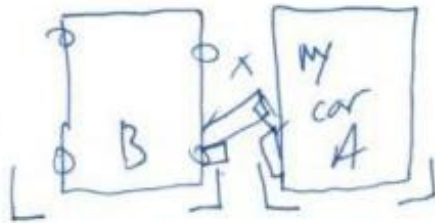
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

## SKETCH PLAN

car park



A - SG 5816X

B - SF 593K

756 UPPER SERRAVALLO ROAD (UPP SERRAVALLO STAGE ONE)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.  
A/20190613/207

## 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**



A/20190613/2107

1 of 2

## POLICE REPORT (NP299)

Report No. A/20190613/2107

Police Station Of Origin  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

|   |  |   |           |                             |                 |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made<br>13/06/2019 17:20 |  | Vide Report No.   |           | Station Diary No.<br>45     |                 |
| Name Of Informant<br>LOH WEI MING         |  | Address<br>APT BLK 13 LORONG 7 TOA PAYOH #10-507<br>SINGAPORE 310013  |           |                             |                 |
| ID Type / ID No.<br>NRIC NO / S8913227D   |  | Contact No.<br>Home/Office  |           | Mobile<br>92386829          |                 |
| Nationality<br>SINGAPORE CITIZEN          |  | Email Address   |           |                             |                 |
| Occupation<br>SALES EXECUTIVE             |  | Sex<br>Male   | Age<br>30 | Date of Birth<br>20/04/1989 | Race<br>Chinese |
| Institution/School Name                   |  | Language  |           |                             |                 |
| Date/Time Of Incident<br>13/06/2019 16:20 |  | Location Of Incident<br>756 UPPER SERANGOON ROAD UPPER<br>SERANGOON SHOPPING CENTRE SINGAPORE<br>534626<br>Carpark of the shopping centre |           |                             |                 |

### Brief details.

On 13/06/2019 at about 1620hrs, I was inside my car (SGX 5816X) located at 756 Upper Serangoon Road, S'pore 534626 Upper Serangoon Shopping centre Carpark. While I was inside my car, on the right side carpark lot, a lady passenger opens her left front car door (SFS93K), slammed it and the door hits my driver's door which causes a minor scratch and my right side mirror to force close.

|   |                                |
|---|--------------------------------|
| Signature Of Officer Recording The Report:<br>A / Sgt 1 MUHAMMAD ALIF BIN ALIAS   | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>13/06/2019 17:20 |
| Officer In-Charge Of Case:<br>A / Central Police Divisional Investigation Branch /<br>Insp LEONG ZHI WEI<br>Contact No.: 65575076 | Classification Of Case:        |

Authentication Stamp



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



A/20190613/2107

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190613/2107

I came out of my car to confront the driver and passenger but the driver (Male Chinese Driver) came out and alleged that I made a scratch on his front left passenger door. I told him that his passenger was the one opened her passenger door and slammed it to my driver's door.

He kept quiet, took some photos and drove off.

I am lodging this report for record purposed and in case the driver of SFS93K claim insurance against me.

That is all.

Signature Of Officer Recording The Report:

A / Sgt 1 MUHAMMAD ALIF BIN ALIAS

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
Insp LEONG ZHI WEI  
Contact No.: 65575076

Authentication Stamp

Signature Of Informant:

Date/Time:  
13/06/2019 17:20

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



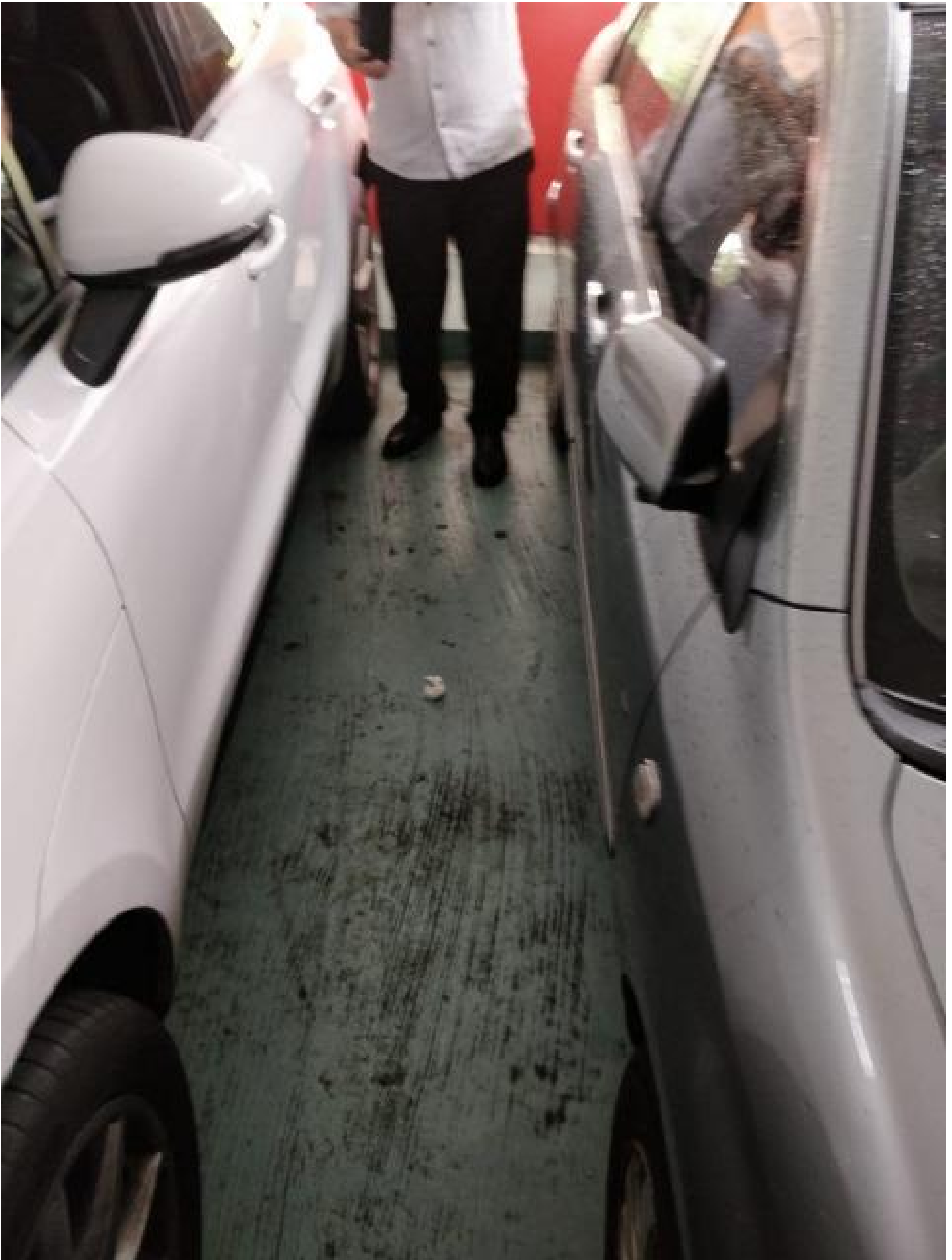
Accident Photo



Accident Photo



Accident Photo



Accident Photo

