

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	21/06/2019 13:46
Date Of Accident	20/06/2019 10:25
Exact Location Of Accident	BLK 506 JURONG WEST ST 52 OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ8914R
Insured/Policyholder	
Name Of Registered Owner	BETHLEHEM AUTOMOTIVE PRIVATE LIMITED
Co Reg No	201809311G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90306757

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 L 4-DOOR SEDAN SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5100125545
Cover Note Number	

Driver

Name of Driver	LEE WEI LING ANGELINE
NRIC No	S8620986A
Date Of Birth	14/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2010
Driving Experience	9 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82330696
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 807B CHOA CHU KANG AVE 1 #12-524
Postcode	682807
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	
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	JURONG WEST NPC
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer to police report.

Attachment(s)

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

Details of Witness 1

Name	GERALD NG
Phone Number	81122508
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8552B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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: 21.06.19

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



Sketch Plan Pg. 2

Date of accident: 20.06.19 Time: 1025HRS Location: CARPARK OF BLK 506 JURONG WEST
Veh A: SLJ 8914R Veh B: GBD 8552B No of pax: 0 Weather: Clear/dry Rain/Wet ST 52
After rain
SKETCH PLAN

SKETCH PLAN

CAR PARK OF
BLK 506 JURONG WEST ST 51

The diagram shows a car park layout with two cars, A and B, represented by rectangles with a triangle at the bottom. Car A is in the top right position, and Car B is in the bottom left position. An arrow points from Car A to the word 'PARKED'. An arrow points from Car B to the word 'REVERSING'.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT ATTACHED

☐ Claim OD/TP at Falcon-Air ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop : THIAM HENG HUAT PTE LTD
Email address : thiamhenghuat@gmail.com
& myself :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Jan

Policyholder's Signature _____
Date & Time: _____

Joe Felt

Driver's Signature
(If driver is not the policyholder)
Date & Time: 21-06-19

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



**SINGAPORE
POLICE FORCE**



T/20190621/2032

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190621/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2019 10:55		Vide Report No.:		Station Diary No.: 58
Informant's Particulars				
Name of Informant: LEE WEI LING ANGELINE		Address: APT BLK 807B CHOA CHU KANG AVENUE 1 #12-524 SINGAPORE 682807		
ID Type / ID No.: NRIC NO / S8620986A		Contact No.: Home/Office: Mobile: 82330696		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 32	Date of Birth: 14/07/1986	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: SELF EMPLOYED		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: 20/06/2019 10:25	Type of Location: Car Park
Location: Along Road 1 JURONG WEST STREET 52 INSIDE CARPARK OF BLK 506 JURONG WEST STREET 52				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD8552B						0
SLJ8914R						0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190621/2032

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20190621/2032

CONTINUATION OF REPORT

Driver			
Name	LEE WEI LING ANGELINE		ID No. S8620986A
Related Vehicle	SLJ8914R		Contact No. 82330696
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 20/06/2019 at about 0930hrs, I had parked my vehicle bearing registration plate number V!) SLJ8914R at the carpark in front of Blk 506 Jurong West St 52 and left.

On 20/06/2019 at about 1700hrs, I had come back to my vehicle and I noticed that my vehicle's front right fender was damaged. I then checked my in car camera but there was no footage of any incident. I then noticed my friend namely

Gerald Ng
Hp: 81122508

vehicle was parked opposite and asked if he had any footage of how my vehicle was damage. He then mentioned that he has a in car camera footage of a van bearing registration plate number V2) GBD8552B had collided on to my vehicle while it was trying to park and had drove off after unloading his goods.

The damages on my vehicle are dented and scratched front right fender.



**SINGAPORE
POLICE FORCE**



T/20190621/2032

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3



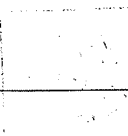


Report No. T/20190621/2032

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: J / Sgt 2 NG WEI LIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/06/2019 10:55
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case: 
Authentication Stamp NP168 	 

Rental Agreement

BETHLEHEM AUTOMOTIVE PTE LTD

88 ANG MO KIO INDUSTRIAL PARK 2
#01-32 SINGAPORE 600033
TEL: 6460 0180 FAX: 6461 7780
MOBILE: 9090 8767 / 9732 8377



18/3/2019
MAZDA 3 A/S
LJ80188

RENTAL AGREEMENT

HIRER'S PARTICULARS		CHARGES	
NAME:	LEE WEI LING ANGELINE	DAY (S)	@\$5 -
ADDRESS:	807B CHOA CHU KANG AVE 1 #12-524 SINGAPORE 682807	WEEKS (S)	@\$5 400
CONTACT:	(H) (O) (M) 8233 0696	MONTHS (S)	@\$5 -
LIEN:		CONTRACT PERIOD:	06 MONTHS
NRIC:	S8620986A	DEPOSIT:	\$500
NATIONALITY:	SINGAPOREAN	ADVANCE PAYMENT:	N.A
D.O.B:	14/7/1986	ADDITIONAL CHARGES: (if applicable)	N.A
DRIVING LICENSE NO.:	S8620986A	INSURANCE EXCESS PAYABLE (SINGAPORE):	\$3,500
ISSUE DATE:	24/1/2017	INSURANCE EXCESS PAYABLE (MALAYSIA):	\$5,000
DRIVING EXPERIENCE:			
PDVL PASS DATE: (if applicable)			
DRIVER/RELIEF'S PARTICULARS		VEHICLE LOGBOOK	
NAME:		DATE OUT:	18/3/2019
ADDRESS:		TIME OUT:	0530PM
CONTACT:	(H) (O) (M)	MILEAGE OUT:	
LIEN:		FUEL LEVEL OUT:	FULL TANK
NRIC:		DATE IN:	
NATIONALITY:		TIME IN:	
D.O.B:		MILEAGE IN:	
DRIVING LICENSE:		FUEL LEVEL IN:	
ISSUE DATE:		REMARKS:	
DRIVING EXPERIENCE:			
PDVL PASS DATE: (if applicable)			

8/3/2019
SIGNATURE OF HIRER / DATE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Private Hire Decal

