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#### 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 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.

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	25/07/2019 09:59
Date Of Accident	23/07/2019 13:30
Exact Location Of Accident	IN TIONG BAHRU PLAZA B2 CARPARK
Country/State of Loss	SINGAPORE
200 State in the season and street, or	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW3741Z
Insured/Policyholder	
Name Of Registered Owner	LIM CHAY YONG JENNY
NRIC No	S1525022D
Email Address	JACKIESONGINTERIOR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91003613
Alternative Phone No	OTHERS-96337366
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER-2.0 PREMIUM (A)
Exact Purpose for which vehicle was being used at time of accident	A DESCRIPTION OF THE PROPERTY
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	5094983315-01
Cover Note Number	

#### Driver

Name of Driver	SONG HAN SENG
NRIC No.	S1524303A
Date Of Birth	14/05/1962
Occupation	INDOOR
Date Of Driving Pass	28/01/1985
Driving Experience	34 YEARS AND 5 M

MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91003613

Fax Number

Contact Number OTHERS-96337366

EMail Address JACKIESONGINTERIOR@GMAIL.COM Address

BLK 540 SERANGOON NORTH AVENUE 4

#12-111

Postcode

550540

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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 NO

Was any body injured in the Accident?

...

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)

0

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190724/2110

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 OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SBH83U

Vehicle Make/Model/Colour

LEXUS ES300F

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)

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - 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

Name:

NRIC/FIN No.

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ESCRIBE CIRCOMSTANCES OF THE ACCIDENT
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#### 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:

1005 AM

Reporting Centre Personnel's Signature

NRIC/FIN No.:





1 of 3

Report No. T/20190724/2110

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT				the second second second
	DEDODT	OF A	TDAFFIC	ACCIDENT

	ne Report N 19 14:36	lade:	Vide Report No.:	Station Diary No.: 31
Informa	nt's Particu	ulars		
	Informant: IAN SENG	1	Address: APT BLK 540 SERANGOON SINGAPORE 550540	NORTH AVENUE 4 #12-111
ID Type NRIC NO	/ ID No.: D / S152430	03A	Contact No.: Home/Office:	Mobile: 96337366
National SINGAP	ity: ORE CITIZ	EN	Email:	4
Sex: Male	Age:	Date of Birth: 14/05/1962	Type of Informant: Vehicle Owner	
Race: Chinese	8	11	Language:	Institution / School Name:
Occupat Interior	ion: designer		Driving Licence Information: Class: 3	Date of Expiry:

Seneral Inform	nation of the Accider	it and the last of		Transfer of the second
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/07/2019 13:3	Type of Location Car Park
Action in the second se				
Weather: Clear	¥	Road Surface: Dry	w <sup>fd</sup>	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis	ilon: le Against - Parked Ve	ehicle		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SBH83U	Car	TOYOTA	LEXUS ES300F	Beige		0
SKW3741Z	Car	TOYOTA	HARRIER PREMIUM 2.0 A	White	Slightly Damaged	0

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





Police Station Of Origin; Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

2 of 3 Report No. T/20190724/2110

#### CONTINUATION OF REPORT

Vehicle Owner			DEDEN L	UEST		
Name	SONG HAN SENG			ID No		S1524303A
Related Vehicle	SKW3741Z (Car)			Conta	act No.	96337366
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

# Brief Details.

On 23/07/2019 at about 1300hrs, I parked my car, registration plate: SKW3741Z, at B2 carpark of Tiong Bahru Plaza and went for my lunch. At about 1355hrs after lunch, I went back to my car and drove it to 53 Ubi Avenue 1 to have my meeting. After parking my car at the nearby parking lot, I got out of my car and noticed a few scratches on the right front bumper of my car. I immediately took out my in-car camera SD card and safe-keep it to review the footage later.

After reviewing the footage, I saw a car bearing registration plate: SBH83U, hit onto my car while the driver was parking into a lot beside mine at Tiong Bahru Plaza. The incident happened at about 1330hrs. No particulars was left on my car when I drove out from Tiong Bahru Plaza and I do not know the lot number that I parked my car in.

I am also making this report to claim from my insurance.





0130124/2110

3 of 3

Report No. T/20190724/2110

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

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: D / Sgt 2 CHOW YUN NI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2019 14:36
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No: 654/6145 SINGAPORE SN	Classification Of Case:
Authentication Stamp  NP168  SIGNATURE	

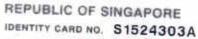
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9 Video List					
199	HAC_BLAST_MENAN_BOOKIGS NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURST HERAN) up 25 Jul 2018 11:17	SAS	Restroal	\$85.72114-7-28	
160	NAC MART MERAH 600078( NATIONAL ASSESSMENT CENTRE SERVICE 8 DEJART MERAHN) ON 25 JAI 2019 11:17	NRTC/ Elling Librage	Homsel	NATE: Devent Example 2019-7-29.	
2	NAC_BURIT_MERAH_BUSOFSI, NATIONAL ASSESSMENT CENTRE SERVICE 8 (BURIT MERAH)] on 26 Jul 2039 11:37	Photos	Normal	PROBA 2020-7-25	
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1	NAC_BUNIT_MERAH_BOOKFAL NATIONAL ASSESSMENT CENTRE SERVICE E (BLINIT MERAH)) on 25 Jul 2018 11:38	Photog	Normal	Penton 2018-2-75	
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4	RAC_BURIT_MERAH_BOIG FG; NATIONAL ASSESSMENT CENTRE SERVICE S (BLAST MERAH)) un 35 540 2012 17:30	Poutes	Normal	Physics 2014-7-25	
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# ACCIDENT STATEMENT

ACCIDENT	DATE: (23) 07/201	9 JIDD/MMMY	YI TIME! 1 3	. 30 1/10041111
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a)Vi	EHICLE NUMBER: SH	CW 37412	5 %	
2/20	SURANCE COMPANY:_	MTCU		
CIFC	DLICY NUMBER:			
d)PC	DLICY TYPE: (COMPREHI	ENSIVE / THIRD PA	RTY / THIRD PAR	TY FIRE ATHEFT
21111	ME A MODEL!			
f)TYP	E:(SALOON / COUPE /	MPV /VAN / LORR	Y/MOTORCYC	TE / OTHERS
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JAKE	TOU CLAIMING UNDER	VOLID OWN INCH		2)
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	CO / I OLIC I HOLDER			
PINE	ME: · LIM CHIAY Y	- A	11111	E / FEMALE)
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THO of passangs DRIVE	R ·	ALSO POLICY HO	LDER	
(Including driver) a) NAM	ME: SONY HAN S	ENL		
b)NRIC	C/FIN/PASSPORT SIS	24202-A	man and a same of the case of	E / FEMALE)
CIADO	RESS: BLK 540, SEA	PANGOON NORTH	_CONTACT:_	9633-7366
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0,000	OFATION: (INDOOR / C	DUTDOOR)	7.527.7	*
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4. WAS D	RIVER AN EMPLOYEE	OF THE INSURED	S COMPANY	(YES /NO)
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TOTAL CONTRACTOR	THE CONDITION TO F	AP / PAINING / ON	THERS	,
10/11/07	SURFACE: (DRY / WET NYBODY INJURED (YES /	/ OTHERS		
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IF YES.	PLEASE STATE WHICH F	NO	<b>3</b> C	36
O- 1111/1/17 P.A	TICLE VEHICLE			
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including driver) b) DRI	VER'S NAME:	. > 0	MODEL:	
( ) NRI	-/FIN/PASSPORT		CONTACT:	
Y. THIRD PA	RTY VEHICLE		CONTACT:	
No of passinger d) VEH	ICLE NUMBER:	- C	MODEL:	¥0.50
Including data to DRIV	/ER'S NAME:			***
NRIC	C/FIN/PASSPORT:		CONTACT:	
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111 14			114	M 22

email = Jackie Songintenior @ good gmail.com VIDBO junjin 3381@ ymail-com





SONG HAN SENG









14-05-1962

SINGAPORE







19-05-2017

APT BLK 540 SERANGOON NORTH AVENUE 4 #12-111 SINGAPORE 550540

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