

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	26/07/2019 15:36
Date Of Accident	21/05/2019 00:00
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH8822G
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Insured/Policyholder

Name Of Registered Owner	HERITAGE AUTO CAPITAL PTE LTD
Co Reg No	201326468K
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-87818338
Alternative Phone No	OFFICE-92218288

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S400 HYBRID-3.5 (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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109268130
Cover Note Number	

Driver

Name of Driver	TAN PEH HIN MICHAEL
NRIC No	S1686630Z
Date Of Birth	05/09/1965
Occupation	INDOOR
Date Of Driving Pass	11/02/1984
Driving Experience	35 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87818338
Fax Number	
Contact Number	OTHERS-92218288
Email Address	EDWIN@CARCOVE.COM.SG

Address	8 CAIRNHILL RISE #13-01
Postcode	229743
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	NO COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190726/2039

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN

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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (e) 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:

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

Accident Sketch Plan

SKETCH PLAN

UNKNOWN LOCATION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 2/2019 0726/2039

[A large diagonal line is drawn across the remaining lines of this section.]

DECLARATION

I/We declare the foregoing particulars to be 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/PIN No.:

26/01/2019
Resh 10/103

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190726/2039

1 of 2

POLICE REPORT (NP299)

Report No. D/20190726/2039

Police Station Of Origin
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

Date/Time Report Made 26/07/2019 14:41	Vide Report No.	Station Diary No. 7
Name Of Informant TAN PEH HIN MICHAEL	Address 8 CAIRNHILL RISE #13-01 SINGAPORE 229743	
ID Type / ID No. NRIC NO / S1686630Z	Contact No. Home/Office	Mobile 88188228
Nationality SINGAPORE CITIZEN	Email Address	
Occupation IT CONSULTANT	Sex Male	Age 53
Institution/School Name	Date of Birth 05/09/1965	Race Chinese
Date/Time Of Incident 16/07/2019 16:00	Location Of Incident 1557 KEPPEL ROAD INCHCAPE MARKETING BUILDING SINGAPORE 089066 Heritage Auto Capital Pte Ltd	

Brief details.

On 25/07/2019, I received a message from Heritage Auto Capital Pte Ltd regarding a claim has been lodged against my motor policy for vehicle SJH88222G. I then went down to the company and get the NTUC income insurance letter from them. I contacted NTUC income and told them that I did not met with any accident and they informed me to lodge a police report so that they could do a investigation on their side. I wished to state that I do not know when or where it took place, all I was told is an accident involve passenger in the bus. I want to lodge a police report for record purpose.

Signature Of Officer Recording The Report: D / Sgt 2 LIU FENGZHAN, GERRY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/07/2019 14:41
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / ASP PHOR HUILIN Contact No.: 67740000	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20190726/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190726/2039

Signature Of Officer Recording The Report:

D / Sgt 2 LIU FENGZHAN, GERRY

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
ASP PHOR HUILIN
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time:
26/07/2019 14:41

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



Accident Photo

