

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 16:26
Date Of Accident	25/07/2019 12:10
Exact Location Of Accident	CLEMENTI AVE 4 BLK 375
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2698Z
Insured/Policyholder	
Name Of Registered Owner	KWEK JOE NAH JONAH
NRIC No	S7304349B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96839795
Alternative Phone No	OTHERS-96839795

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D19MPC0000471
Cover Note Number	

Driver

Name of Driver	KWEK JOE NAH JONAH
NRIC No	S7304349B
Date Of Birth	11/02/1973
Occupation	OUTDOOR
Date Of Driving Pass	14/05/1997
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96839795
Fax Number	
Contact Number	OTHERS-96839795
Email Address	NOEMAIL

Address	BLK 468 NORTH BRIDGE ROAD #13-5077
Postcode	190468
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	COLLIDED INTO PARKED VEHICLE
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?	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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190726/2077

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT RECORDED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
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)

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.

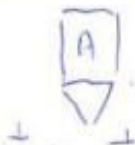
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DCA: 25/7/19

A: SKR 2698 Z

B: UNKNOWN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Polio Report

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T201907262077

Police Station Of Origin:

Dover NPP

3 Dover Road #01-368 SINGAPORE 130003

Tel No: 1800-7788998

2 of 3

Report No. T201907262077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KWEK JOE NAH, JONAH	ID No.	S7304349B
Related Vehicle	SKR2698Z (Car)	Contact No.	96839795
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 25/07/2019 at about 1205hrs, I parked my car SKR2698Z at open spaced carpark near Blk 375 Clementi Ave 4 lot 524. The car was intact and left the place. On the same day at about 1245hrs, I returned to my vehicle and saw my left mirror and front passenger door damaged. There was a lorry parked next to me loading items, I asked the driver about my damages however he denied.

I wish to state that I have in car camera installed in my car however there was no footage of the accident. I do not know the plate number of the lorry.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



102187000077

Police Station Of Origin:
Dover NPP
3 Dover Road #01-026 SINGAPORE 130003
Tel No: 1800-7788888

1 of 3
Report No: 102187000077

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2019 14:45		Vide Report No.:		Station Diary No. 32	
Informant's Particulars					
Name of Informant: RYEN JOE RAH JOHAR			Address: APT BLK 498 NORTH BRIDGE ROAD #13-9277 SINGAPORE 190458		
ID Type / ID No: NRIC NO / 573043498			Contact No. / Home/Office Mobile: 94830765		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 11/02/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICAL OFFICER			Driving License Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident: Hit and Run	Non Injury: No	Drink Drive: No	Date/Time of Accident: 25/07/2019 12:45	Type of Location: Car Park
Location: Along Road 1 CLEMENTI AVENUE 4				
ORDINED SHARED CARPARK NEAR BLK 329 CLEMENTI AVE 4				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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 Passengers
SKR20932	Car	VOLKSWAGEN	GOLF A7 1.4 TSI AT 531902	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Reference No.	Effective	Expiry Date
SKR20932	INDIA INTERNATIONAL INSURANCE PTE LTD	0106MPC0000071	26/07/2019	27/01/2020

Police Report



**SINGAPORE
POLICE FORCE**



T201907200077

Police Station Of Origin

Dover NPP

9 Dover Road #01-388 SINGAPORE 130003

Tel No: 1800-7788999

2 of 3

Report No. T201907200077

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HOWE K JOE NAH, JONAH	ID No.	ST3043490
Related Vehicle	SKR2098Z (Car)	Contact No.	94438755
Hospital/Clinic	NIL	Class of Driving License & Expiry Date	Class 3 Date of Expiry: NIL
Date Treated at	NIL	Date Discharge	NIL
No. of Documented Medical Leaves	NIL	Details of Injury	NIL

Brief Details:

On 20/7/2019 at about 1200hrs, I parked my car SKR2098Z at open space carpark near Blk 375 Clementi Ave 4 lot 524. The car was loaded and left the place. On the same day at about 1245hrs, I returned to my vehicle and saw my left mirror and front passenger door damaged. There was a lorry parked next to me loading items. I asked the driver about my damages however he denied.

I wish to state that I have in car camera installed in my car however there was no footage of the accident. I do not know the plate number of the lorry.

Police Report



SINGAPORE
POLICE FORCE



Totmal/Quota/1

3 of 3

Police Station Of Origin:
Covers NRP
3 Dover Road #01-358 SINGAPORE 120008
Tel No: 1800-7250996

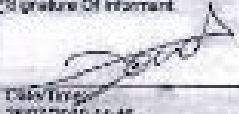
Report No: T01190790017

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 65474886 stating the report number as reference.

Signature Of Officer Recording This Report D/ Staff Sgt MOHAMMED HARRIS BIN MOHAMED RAHIMASU	Signature Of Informant 
Signature Of Interpreter Not applicable	Date/Time 25/07/2019 14:45
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZH YUAN Contact No: 65479019	Classification Of Case:

Authentication Stamp
none

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7304349B



KWEK JOE NAH, JONAH
新加坡人
CHINESE
Date of Birth: 11-02-1973
Gender: M
Country of Birth: SINGAPORE

For LKK/NAC Use Only



STB 538 P



Identity Card No. S7304349B

For LKK/NAC Use Only

Age: 0+ Date of Issue: 13-12-1999

Address:
APT BLK 445 NORTH BRIDGE ROAD
#13-04TT
SINGAPORE 193445

Driving License

