

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 09:12
Date Of Accident	25/07/2019 13:15
Exact Location Of Accident	3 DENHAM CLOSE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ7293E
Insured/Policyholder	
Name Of Registered Owner	360 POOL SERVICES PTE LTD
Co Reg No	201725302M
Email Address	360POOLSERVICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97127240
Alternative Phone No	OFFICE-97127240

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D 3.0 (M)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104312080
Cover Note Number	03/10/2018 - 02/10/2019

Driver

Name of Driver	BUNSRI SUNTHORN
NRIC No	S7988572Z
Date Of Birth	30/01/1979
Occupation	INDOOR
Date Of Driving Pass	11/05/2005
Driving Experience	14 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97127240
Fax Number	
Contact Number	
EEmail Address	360POOLSERVICES@GMAIL.COM

Address BLK 503 ANG MO KIO AVE 5 #05-3772
Postcode 560503

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

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 SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT (T/20190725/2155)

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: FILE SIZE TOO BIG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY6832B

Vehicle Make/Model/Colour RANGE ROVER

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 Pg. 1

NH C. Inshore Motor Services Corp.

Report No: NH

1000A

Vehicle No

Make Model

Report Date 26/7/2019 Start Time 9:27 AM

Reporting Type 70 End Time

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 reasonable required for the purposes stated; or

(ii) for complying with requirements under any regulations, law or court orders.



26/7/2019 9:20

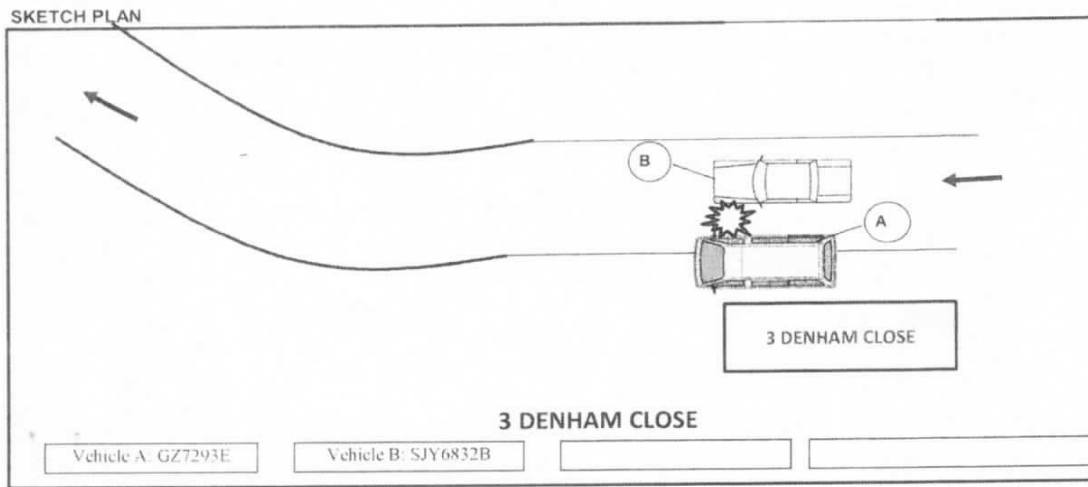
Policyholder's Signature
Date & Time:

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

26/7/2019 9:20

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Sketch Plan Pg. 2



REFER TO ATTACHED POLICE REPORT (T/20190725/2155)

DECLARATION

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



26/7/2019 9:20

Policyholder's Signature
Date & Time:

26/7/2019 9:20

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765



SINGAPORE POLICE FORCE



T/20190725/2155

1 of 3

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20190725/2155

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2019 17:53	Vide Report No.:	Station Diary No.: 69
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Informant's Particulars

Name of Informant: BUNSRI SUNTHORN			Address: APT BLK 503 ANG MO KIO AVENUE 5 #05-3772 SINGAPORE 560503		
ID Type / ID No.: NRIC NO / S7988572Z			Contact No.: Home/Office: Mobile: 97127240		
Nationality: THAI			Email:		
Sex: Male	Age: 40	Date of Birth: 30/01/1979	Type of Informant: Vehicle Owner		
Race: Thai			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/07/2019 13:15	Type of Location: Straight Road
Location: Along Road 1 DENHAM ROAD				
ALONG 3 DENHAM ROAD CLOSE				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
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
GZ7293E	Van		HIACE MANUAL		Slightly Damaged	0
SJY6832B	Car		RANGE ROVER SPORT 3.0D TSS 7S		No Damage	0



**SINGAPORE
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T/20190725/2155

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50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

2 of 3

Report No. T/20190725/2155

CONTINUATION OF REPORT

Serangoon NPC
No: 50 Serangoon Ave 2
#01-02 Singapore 556129
Tel: 1800 488 0999

Close
Cross

Brief Details.

I am the owner of GZ 7293 E.

On 25/7/2019 at 1240hrs, I had parked my vehicle along 3 Denham Rd as I was working nearby. When I left my car there, everything was intact.

I went back to my car at 1420hrs. I was shocked when I noticed that my right side mirror have been damaged. I then went to check on the in car camera footage. The footage revealed that at 1335hrs, a vehicle bearing the plate number (SJY 6832 B) had drove past my vehicle and hit onto my right side mirror. As a result of that impact, my right side mirror was dislodged and had several scratches.

The footage also showed that the driver did not stop and continued to drive.

I am lodging this report for TP's follow up action.



**SINGAPORE
POLICE FORCE**



T/20190725/2155

3 of 3

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Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

Report No. T/20190725/2155

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:
F /
Sgt 2 MUHAMMAD SAIFUDDIN BIN HAMDAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt NEO ZHI YUAN
Contact No.: 65476079

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
25/07/2019 17:53

Classification Of Case: