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.
- 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 | 29/07/2019 19:45 |
| Date Of Accident | 28/07/2019 14:00 |
| Exact Location Of Accident | BLK 384A TAMPINES ST 32 MULTISTORY CARPARK |
| Country/State of Loss | SINGAPORE |
| D | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJY5053P |
| Insured/Policyholder | |
| Name Of Registered Owner | NEO KIM THOR |
| NRIC No | S1130925I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-90615662 |
| Alternative Phone No | OFFICE-90615662 |
| Vehicle Particulars | |
| Manufacturer | AUDI |
| Model | A5 2.0L TFSI QUATTRO |
| 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 | 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 5095611372-01

Cover Note Number

Driver

Name of Driver BENJAMIN NEO WEI LOONG

NRIC No S9024477I Date Of Birth 09/07/1990 Occupation **INDOOR** 11/07/2018 **Date Of Driving Pass**

Driving Experience 1 YEAR AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92381145

Fax Number

OFFICE-92381145 Contact Number

EMail Address NOEMAIL Address BLK 383 TAMPINES STREET 32

#08-25

Postcode 520383

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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

2

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

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

NO

0

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190728/7011.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKJ2980A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 20

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)

Lunderstand, 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)
 - (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 my Personal modification of the above Purposes.

 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 Person el's Signature

Name

NRIC/FIN No.:

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Accident Sketch Plan

| PLAN | | THETHER | 790 |
|------------------------|-------------------------------------|----------|-----|
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| vericle A | 1. STY 5053 P | | |
| vehicle 1 | Problems: | | |
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| SCRIBE CIRCUMSTANCES C | F THE ACCIDENT | | , 1 |
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| DECLARATION | ticulars are true in everytrespect. | | Ma |

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Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190728/7011

REPORT OF A TRAFFIC ACCIDENT

| | ne Report N 119 15:35 | Made: | Vide Report No.: | Station Diary No. |
|--------------------|--------------------------|---------------------------|---|----------------------------|
| Informa | nt's Partic | ulars | | |
| Name of BENJAN | Informant: IIN NEO W | EI LOONG | Address: APT BLK 383 TAMPINES ST 520383 | REET 32 #08-25 SINGAPORE |
| | / ID No.: D / S90244 | 771 | Contact No.: Home/Office: | Mobile: 92381145 |
| National SINGAP | ity: ORE CITIZ | EN | Email: benjaminneowl@gmail.com | |
| Sex: Male | Age: | Date of Birth: 09/07/1990 | Type of Informant: Informant | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupat FINANC | ion: IAL CONSI | ULTANT | Driving Licence Information: Class: | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 28/07/2019 14:00 | Type of Location Car Park |
|--|---------------------------|-----------------------|---|---|
| Location: TAMPINES S | TREET 32 | | | |
| Company of the Compan | | Road Surface: | | Road Speed Limit: |
| Company of the Compan | | Road Surface: Dry | | Road Speed Limit: |
| Weather: Clear Traffic Flow: One Way | | | | Road Speed Limit: Traffic Volume: Light |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------|------|-------|-------|---------------------|-----------------|
| Vehicle No. | Туре | Make | Model | Color | Condition | No of Passenger |
| SJY5053P | Car | AUDI | A5 | | Slightly Damaged | 0 |
| SKJ2980A | Car | | | | | 0 |

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

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20190728/7011

CONTINUATION OF REPORT

| Informant | Selfon Parket | TO SHAPEY | 55101 | 30000 | Total Control | Name of the Owner, where the Park |
|------------------|-------------------|-----------|-----------|-------------------------------------|---------------|-----------------------------------|
| Name | BENJAMIN NEO W | EI LOONG | 1 | ID No | | S9024477I |
| Related Vehicle | SJY5053P (Car) | | | Conta | ict No. | 92381145 |
| Hospital/Clinic | NIL | | | Class Drivin Licend Expiry | g | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Disc | harge | NIL | |
| No. of Days gran | ted Medical Leave | NIL | Degree of | | NIL | |

Brief Details

ON 28/07/2019 AT ABOUT 14:00HR, WHEN I RETURNED TO MY VEHICLE WHICH WAS PARKED AT BLK 384A TAMPINES STREET 32 MSCP - LEVEL 3A, I FOUND A NOTE STATING THAT VEHICLE NUMBER SKJ2980A, HAD HIT ONTO MY VEHICLE'S FRONT RIGHT PORTION & DROVE OFF.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190728/7011

CONTINUATION OF REPORT

Sketch Plan

NP168

Informant is not able to provide sketch plan

| nte/Time: /07/2019 15:35 |
|-----------------------------|
| W12010 10.30 |
| assification Of Case: |
| |























