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	15/08/2019 13:53
Date Of Accident	14/08/2019 23:00
Exact Location Of Accident	BLK 66 BEDOK SOUTH AVE 3 OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLZ6322C
Insured/Policyholder	
Name Of Registered Owner	TAN LAY LEONG
NRIC No	S2537719B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90038498
Alternative Phone No	OFFICE-90038498
Vehicle Particulars	
Manufacturer	HONDA
Model	CRV 1.5 TURBO CVT 5SEATER
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	5109285300
Cover Note Number	
Driver	
Name of Driver	TAN LAY LEONG
NRIC No	S2537719B
Date Of Birth	21/05/1960
Occupation	INDOOR
Date Of Driving Pass	07/07/1981
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90038498
Fax Number	
Contact Number	OFFICE-90038498
EMail Address	NOEMAIL

Address	BLK 66 BEDOK SOUTH AVENUE 3 #11-508
Postcode	460066
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JQA7810 (COMMERCIAL VEHICLE)
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?	
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	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , **POSTCODE:** 461051 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4499999 - **FAX NO**: 62447251
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190815/2100.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQA7810
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)

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:

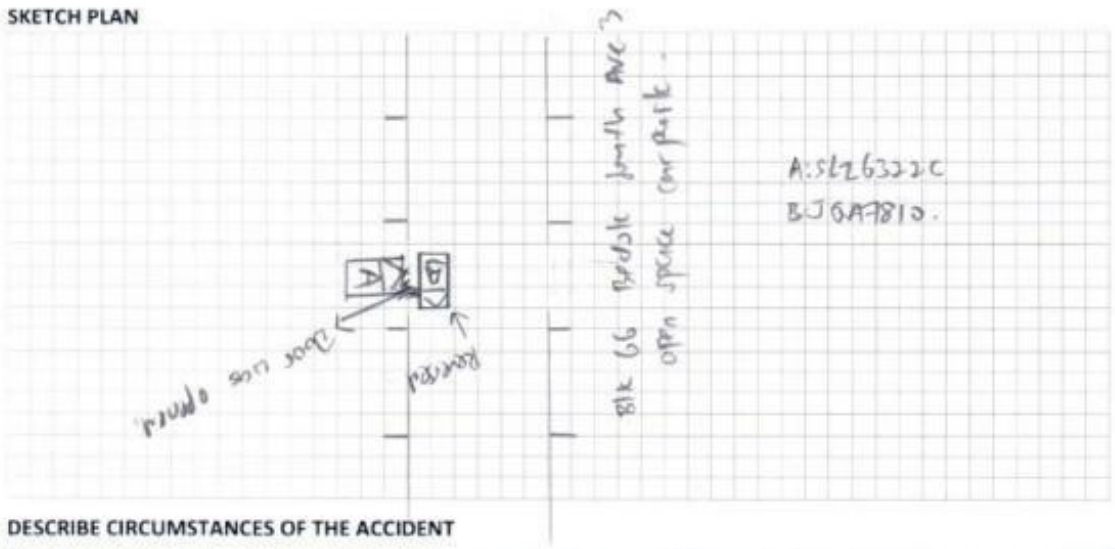
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - Traffic/Accident

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.:

SINGAPORE POLICE FORCE

T/20190815/2100

Report No. T/20190815/2100

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
15/08/2019 15:59		16

Informant's Particulars

Name of Informant: TAN LAY LEONG			Address: APT BLK 66 BEDOK SOUTH AVENUE 3 #11-508 SINGAPORE 460066	
ID Type / ID No.: NRIC NO / S2537719B			Contact No.: Home/Office: Mobile: 90038498	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 21/05/1960	Type of Informant: Vehicle Owner	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Retiree			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 14/08/2019 23:10	Type of Location: OPEN SPACE CARPARK
Location: Along Road 1 BEDOK SOUTH AVENUE 3 OPEN SPACE CARPARK IN FRONT OF BLK 66 BEDOK SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One 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
JQA7810		OTHERS		White		0
SLZ6322C	Car	HONDA	CRV 1.5 TURBO CVT 5SEATER	Grey		0

Details of Person Involved

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

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T/20190815/2100

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SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Name	Unknown			ID No.	UNKNOWN
Related Vehicle	JQA7810			Contact No.	90071188
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Vehicle Owner					
Name	TAN LAY LEONG			ID No.	S2537719B
Related Vehicle	SLZ6322C (Car)			Contact No.	90038498
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 15/08/2019 at about 0640Hrs, I discovered that my vehicle SLZ6322C front top bonnet was dented and scratch marks at the front grail. My vehicle was parked in front of Block 66 Bedok South Avenue 3. I noticed there was a note placed at my car windscreen which states "Call me Andy HP: 90071188".

I called Mr Andy who informed that on 14/08/2019 at about 2311Hrs, his brother-in-law drove his lorry (JQA7810, Malaysian vehicle) and parked the lorry at the said carpark and the engine died off. His brother-in-law then attempted to check the engine and suddenly the lorry rolled backwards. His brother-in-law then tried to pull the handbrake however. While he was trying to reach out for the handbrake, the driver's door hit onto my vehicle front bonnet. Mr Andy was informed about the matter and he came down and placed a note on my windscreen.

After viewing the In-car- camera installed in my vehicle, it showed that at about 2300Hrs. The driver drove pass my parked vehicle and parked in front of my vehicle. A few minutes later, the driver was seen to be pushing the lorry backwards, leaving the driver's door wide open. While the lorry was moving backwards, the lower edge of the driver's door hit onto my vehicle front bonnet. This caused visible scratch marks at the front grail and the bonnet was badly scratched and dented. I wish to inform that the footage showed that the lorry belongs to 'MAXCO FOOD INDUSTRIES SDN. BHD'

On 15/08/2019 I went to IDEC at Ubi and I was told to lodge a traffic accident report as it involves a foreign vehicle.

SINGAPORE
POLICE FORCE

T/20190815/2100

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20190815/2100

Report No. T/20190815/2100

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

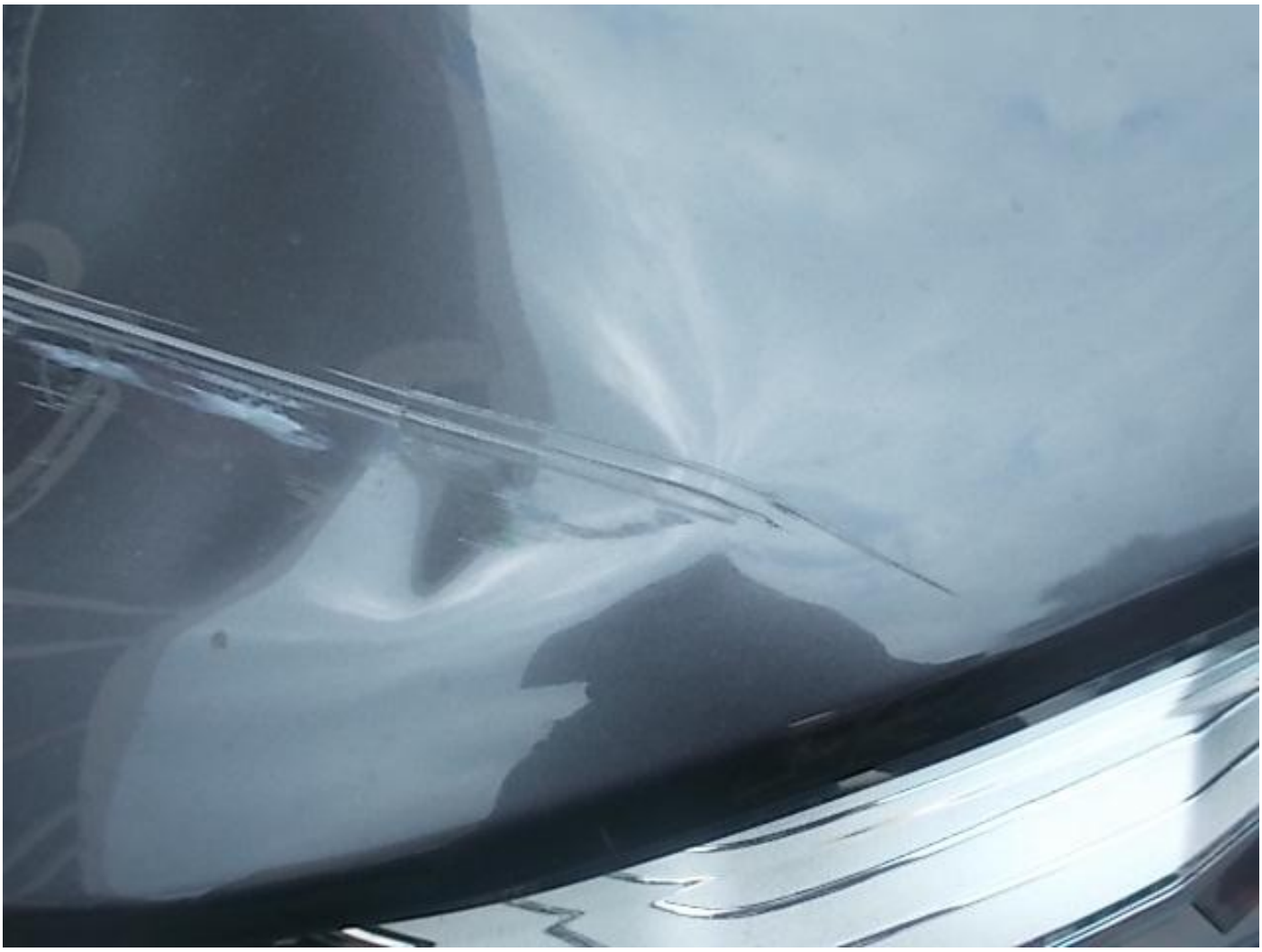
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: G / Sgt 1 CHENG YI SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2019 15:59
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:

Authentication Stamp
NP168

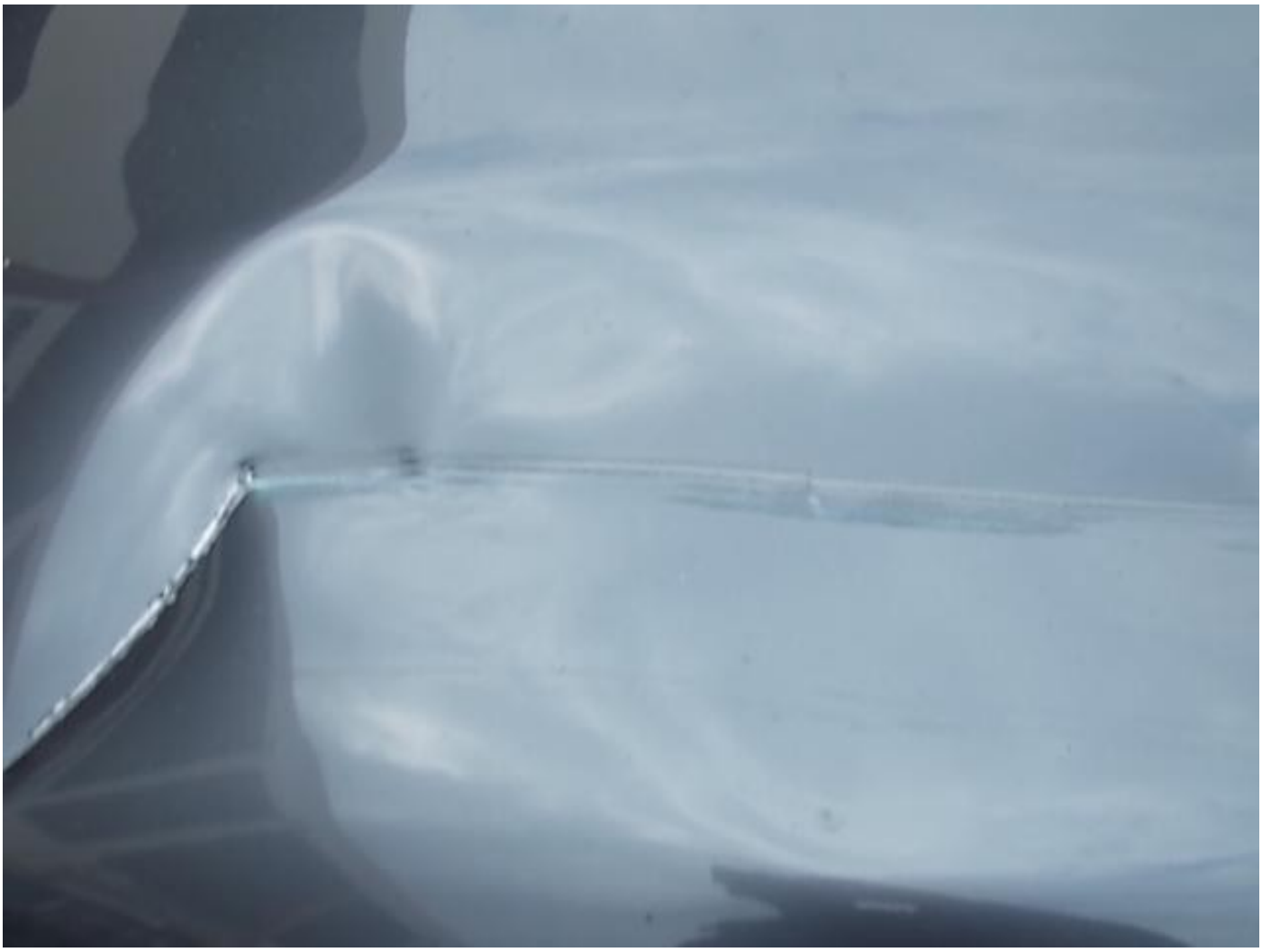
Accident Photo

Accident Photo



Accident Photo

Accident Photo



Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119106843 Vehicle Registration No: SLZ6322C

Name(as shown in NRIC) : TAN LAY LEONG NRIC/FIN/Passport No : S2537719B

(~~*Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate

Address : BLK 66 BEDOK SOUTH AVENUE 3 #11-508 Singapore(460066)

Contact (Tel) : Mobile No. : 90038498

Email Address :

Date of Accident : 14/08/2019 Time of Accident : 23:00

Place of Accident : BLK 66 BEDOK SOUTH AVE 3 OPEN SPACE CARPARK

Insurance Company : NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend owner name

Policyholder / Driver's Signature
Date:

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