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 <u>truthful and accurate</u> 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

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	TAY 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 TAY 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 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

Postcode

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?

If Yes, Please state which Police Station

Police Station Name TANAH MERAH NEIGHBOURHOOD POLICE POST

NO

YES

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?

If Yes, against whom?

es,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

Page 2 of 19

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 :
 - 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 Personne's Signature

Name:

NRIC/FIN No :

Accident Sketch Plan

SKETCH PLAN		20		
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT			
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ECLARATION	9 0			
We declare the foregoing partic				
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olicyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature	
ate & Time:	(If driver is not the policy Date & Time:		Name: NRIC/FIN No.:	





1 of 4

Report No. T/20190815/2100

Date of Expiry:

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

Retiree

Date/Time Report Made: 15/08/2019 15:59		Made:	Vide Report No.:	Station Diary No.: 16		
Informa	nt's Partic	ulars				
	Informant: Y LEONG		Address: APT BLK 66 BEDOK SOUTH SINGAPORE 460066	AVENUE 3 #11-508		
ID Type / ID No.: NRIC NO / S2537719B		19B	Contact No.: Home/Office:	Mobile: 90038498		
National SINGAP	ity: ORE CITIZ	ŒN	Email:			
Sex: Male	Age: 59	Date of Birth: 21/05/1960	Type of Informant: Vehicle Owner			
Race: Chinese			Language: English	Institution / School Name:		
Occupation:			Driving Licence Information:			

Class:

Seneral Infor	mation 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	
OPEN SPAC	TH AVENUE 3 E CARPARK IN FRONT	Road Surface:	SOUTH AVENUE 3	Road Speed Limit:	
Clear Dry Traffic Flow: Traf		Traffic Control:		Traffic Volume:	
One Way Not Controlled			No Traffic		
Type of Collis	sion: de Against - Parked Veh	lata		Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	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





Police Station Of Origin: Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No: 1800-4499999 2 of 4 Report No. T/20190815/2100

CONTINUATION OF REPORT

Name	Unknown			ID No	.00	UNKNOWN
Related Vehicle	JQA7810			Conta	ct No.	90071188
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Da			harge	NIL	
No. of Days granted Medical Leave NIL			Degree o	fInjury	NIL	
Vehicle Owner	ALLEN AND DESCRIPTION OF THE PARTY OF THE PA		117.5x 111.111.111			
Name	TAN LAY LEONG			ID No		S2537719B
Related Vehicle	SLZ6322C (Car)		Conta	ct No.	90038498	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date			harge	NIL	
No of Dave gran	ted Medical Leave	NIL	Degree o	flniury	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.





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

3 of 4 Report No. T/20190815/2100

CONTINUATION OF REPORT





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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

NP168

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	



















