

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 | 13/08/2019 17:42 |
| Date Of Accident | 10/08/2019 17:00 |
| Exact Location Of Accident | PUNGGOL SETTLEMENT OPEN CARPARK(WITHOUT GANTRY) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKU4817T |
| Insured/Policyholder | |
| Name Of Registered Owner | FOO YEE SZE |
| NRIC No | S7502000G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93362609 |
| Alternative Phone No | OFFICE-93362609 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HYUNDAI |
| Model | ELANTRA |
| 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 | 5110412368 |
| Cover Note Number | - |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | FOO YEE SZE |
| NRIC No | S7502000G |
| Date Of Birth | 22/01/1975 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 23/04/2001 |
| Driving Experience | 18 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-93362609 |
| Fax Number | |
| Contact Number | OFFICE-93362609 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------|
| Address | BLK 6 FLORA RD #03-01 |
| Postcode | 509727 |
| 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? | 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? | |
| 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) | 3 |
| Passenger 1 | NAME: : UNKNOWN GENDER: : MALE |
| Passenger 2 | NAME: : UNKNOWN GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PUNGGOL N.P.C |
| Police Station Address | ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.F/20190810/2077

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLW1071A |
| Vehicle Make/Model/Colour | |
| 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)

Accident Sketch Plan


SKETCH PLAN

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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

Please Refer to Sketch


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

F1 2019 0810 / 2077

DECLARATION

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

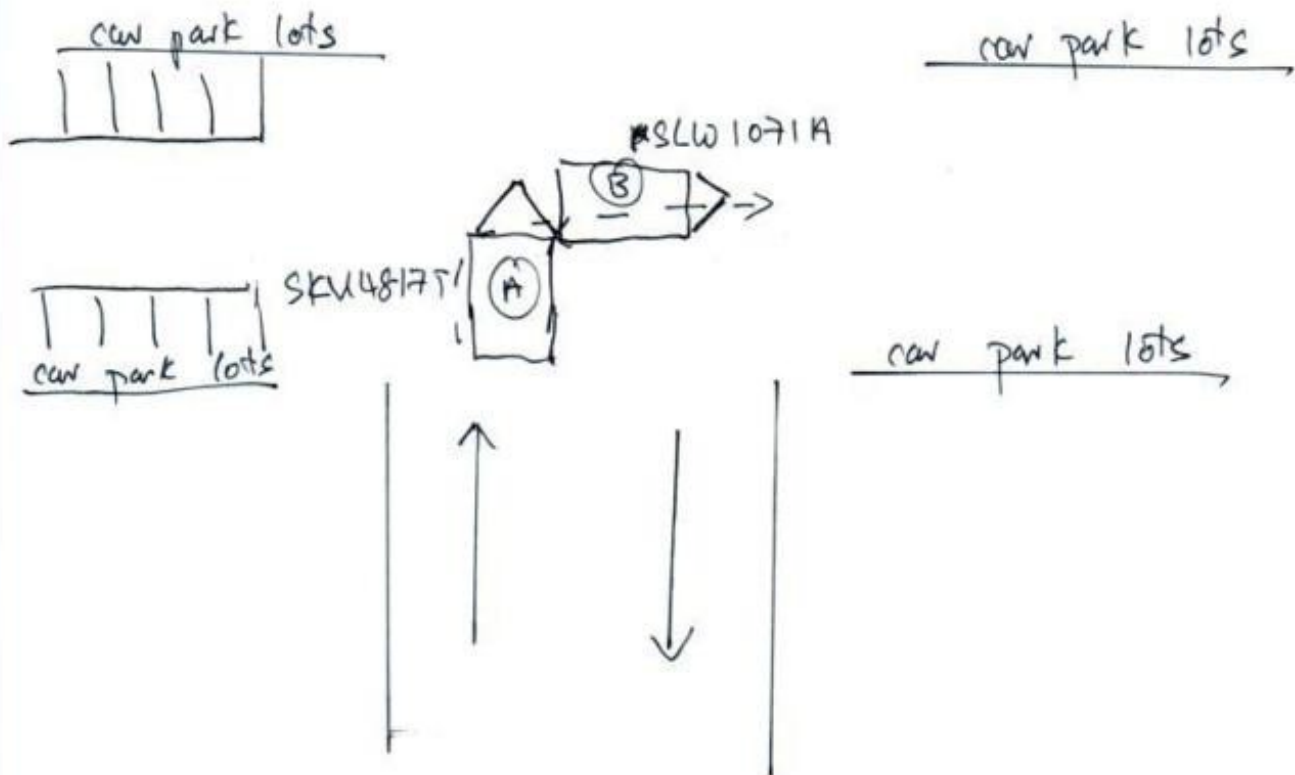

Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

10/8/2019
17:00 PM
SKU 4817T
HP 93362609



Punggol Settlement Open Space Car Park
(without gantry)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190810/2077

1 of 2

POLICE REPORT (NP299)

Report No. F/20190810/2077

Police Station Of Origin
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

| | | |
|---|--|-------------------------|
| Date/Time Report Made 10/08/2019 20:46 | Vide Report No. | Station Diary No. 55 |
| Name Of Informant FOO YEE SZE | Address APT BLK 6 FLORA ROAD #03-01 SINGAPORE 509727 | |
| ID Type / ID No. NRIC NO / S7502000G | Contact No. Home/Office | Mobile 93362609 |
| Nationality SINGAPORE CITIZEN | Email Address | |
| Occupation REAL ESTATE MANAGER | Sex Female | Age 44 |
| Institution/School Name | Date of Birth 22/01/1975 | Race Chinese |
| Date/Time Of Incident 10/08/2019 17:00 | Location Of Incident 3 PUNGGOL POINT ROAD THE PUNGGOL SETTLEMENT SINGAPORE 828694 Carpark | |

Brief details.

On the 10/08/2019 at around 1700hrs, I entered an open space carpark of Punggol settlement (the one without gantry). I was waiting for a parking lot and there is a car (SLW1071A, Toyota wish, Harjinder Singh S/O Joginder Singh, S7125159D, HP: 93890034) that was in front of my car as well. Subsequently, the car reverse and despite honking a few times, the car still reverse and hit onto the right front bumper of my vehicle. The damage of my vehicle are right headlight broken, deep scratches on the bumper, bumper is being budged out (These are visible but yet access by workshop to determine any damage to internal.)

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: F / Sgt 2 GOH JUN JIE | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 10/08/2019 20:46 |
| Officer In-Charge Of Case: F / Punggol N.P.C / Sgt 3 MUHAMMAD HANAFI BIN ROSLI Contact No.: 66049999 | Classification Of Case: |

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20190810/2077

2 of 2


POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190810/2077

I then exit from my vehicle and exchange particulars with the other party. None of us are injured.

My vehicle number is SKU4817T. I am making this report for recording and insurance purposes.

| | |
|---|--|
| Signature Of Officer Recording The Report: F / Sgt 2 GOH JUN JIE | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 10/08/2019 20:46 |
| Officer In-Charge Of Case: F / Punggol N.P.C / Sgt 3 MUHAMMAD HANAFI BIN ROSLI Contact No.: 66049999 | Classification Of Case: |
| Authentication Stamp | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

