

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	02/09/2019 15:28
Date Of Accident	25/08/2019 12:00
Exact Location Of Accident	WISTERIA CONDO LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN8997B
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Insured/Policyholder

Name Of Registered Owner	LAU BOON HENG KWEI TEOW & NOODLE MANUFACTORY
Co Reg No	07959000D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64420784

Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85AUE4A R1
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5094109319-01
Cover Note Number	

Driver

Name of Driver	WANG YUE
Passport No/FIN	G2965534R
Date Of Birth	11/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	12/06/2018
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85091028
Fax Number	
Contact Number	OFFICE-85091028
Email Address	NOEMAIL

Address	BLK 8 SIGLAP ROAD #02-01 SIGLAP COURT
Postcode	455839
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?	
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190826/2101.

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	PC4539G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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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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.:

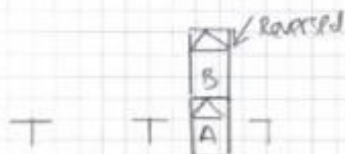
Accident Sketch Plan

SKETCH PLAN

Wisteria Condo Landing Bay

A: 4489978.

B: PC4539 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/2018/2121.

DECLARATION

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

Policyholder's Signature

Date & Time:

王跃

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Personnel's Signature

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190826/2101

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190826/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/08/2019 15:08	Vide Report No.:	Station Diary No.: 73
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Informant's Particulars

Name of Informant: WANG YUE			Address: APT BLK 8 SIGLAP ROAD #02-01 SIGLAP COURT SINGAPORE 455839	
ID Type / ID No.: FIN NO / G2965534R			Contact No.: Home/Office: Mobile: 85091028	
Nationality: CHINESE			Email:	
Sex: Male	Age: 32	Date of Birth: 11/11/1986	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: Lorry driver		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/08/2019 12:00	Type of Location: Car Park
Location: Along Road 1 YISHUN RING ROAD				
IN LOADING/ UNLOADING BAY OF WISTERIA CONDO				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	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
YN8997B	Lorry				Slightly Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190826/2101

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190826/2101

CONTINUATION OF REPORT

Driver				
Name	WANG YUE		ID No.	G2965534R
Related Vehicle	YN8997B (Lorry)		Contact No.	85091028
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 25/08/2019 at about 1200hrs, I drove my company yellow Isuzu lorry, belonging to Lau Boon Heng Kwei Teow & noodle Manufactory, to the loading / unloading bay of No.598 Wisteria Condo. I parked my lorry and checked that everything was intact before I proceed to make my delivery. Short at 1230hrs, I returned to my lorry and found both side mirrors of my lorry were slanted. I left the location after I adjusted the side mirrors of my lorry. As I was in a rush, thus, I did not conduct further checks on my lorry. I drove to my company address located at 96J Jln Senang Singapore 418489 and reached at 1300hrs.

Shortly, I left and parked by the roadside of my house at 1330hrs of the same day. I did not check my lorry and returned home. On 26/08/2019 at 0430hrs, I drove my lorry to my company to load up the goods and proceeded for delivery at Blk 131 Marsiling coffee-shop. I parked my lorry at the carpark and found the front of my lorry was dented. I realized that it could have happened on 25/08/2019 at 1200hrs, where I made my delivery. I recalled there was CCTV pointing to the incident location. I did not witness anyone hitting into my lorry and I had no suspect in mind. No witness came forward to me and I was advised by my boss to call make a police report on the accident. There was no in-vehicle camera installed in my lorry.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190826/2101

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190826/2101

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: L / SI MOHAMED SAHIR <i>SS Francis Ah. Jian Hoo</i>	Signature Of Informant: <i>E.R.</i>
Signature Of Interpreter: Not applicable	Date/Time: 26/08/2019 15:08
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt ESTHER CHONG Contact No.: 65476368	Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

