

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	28/08/2019 19:48
Date Of Accident	27/08/2019 14:15
Exact Location Of Accident	252 NORTH BRIDGE RD RAFFLES CITY C/P
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP7846R
Insured/Policyholder	
Name Of Registered Owner	TEH RU HAO, JOEL
NRIC No	S8706679G
Email Address	TEH.RU.HAO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92959200
Alternative Phone No	OTHERS-92959200

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 180 KOMPRESSOR
Exact Purpose for which vehicle was being used at time of accident	
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	
Cover Note Number	

Driver

Name of Driver	TEH RU HAO, JOEL
NRIC No	S8706679G
Date Of Birth	17/03/1987
Occupation	INDOOR
Date Of Driving Pass	07/09/2006
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92959200
Fax Number	
Contact Number	OTHERS-92959200
Email Address	TEH.RU.HAO@GMAIL.COM

Address	56 TOH TUCK ROAD #10-02
Postcode	596746
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

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 Witness 1

Name	SAM
Phone Number	92288567
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD9245M
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)

SKETCH PLAN

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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.



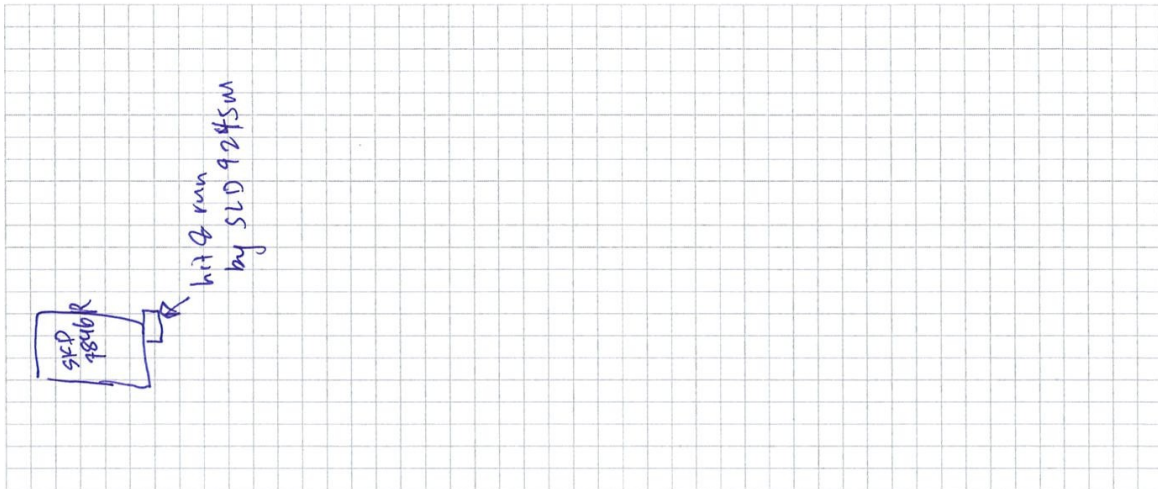
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	SKP 7846 R	ACCIDENT DATE & TIME:	27/8/19 between 2-4pm
CONTACT NUMBER:	92959200	E-MAIL ADDRESS:	teh.ru.hao@gmail.com
LOCATION:	Lot 205 #10 2008 at Raffles City Shopping Centre.		
When I went to collect my car to return home, I noticed scratches at the rear (right) bumper. I found a note left by a good samaritan who witnessed SLD 9245M causing the accident. I have no way of contacting the culprit. I have made a police report A/2019 0827/7038.			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state:			
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

DECLARATION

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

Policyholder's Signature

Date & Time: 28/8/19 14:08 H

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





A/20190827/7038

1 of 2

Report No. A/20190827/7038

Date/Time Report Made 27/08/2019 19:53	Vide Report No.	Station Diary No.		
Name Of Informant TEH RU HAO, JOEL	Address 56 TOH TUCK ROAD #10-02 SINGAPORE 596746			
ID Type / ID No. NRIC NO / S8706679G	Contact No. Home/Office:	Mobile: 92959200		
Nationality SINGAPORE CITIZEN	Email Address teh.ru.hao@gmail.com			
Occupation Senior statutory board official	Sex Male	Age 32	Date of Birth 17/03/1987	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 27/08/2019 14:15 - 27/08/2019 14:20	Location Of Incident 252 NORTH BRIDGE ROAD RAFFLES CITY SHOPPING CENTRE SINGAPORE 179103			

My car (SKP7846R) was parked from 10am to 6.30pm at my workplace. When i was leaving work, i realised that a hit and run accident occurred on my car. Fortunately, a fellow driver witnessed the incident and left me a note. The culprit drives SLD9245M and I hope the authorities can take him/her to task. Such irresponsible actions should not be condoned in a civilised country like Singapore. Stern police actions are required as a deterrence. Pls see attachments

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required. Date/Time: 27/08/2019 19:53 Classification Of Case:
Signature Of Interpreter: Not applicable	
Officer In-Charge Of Case:	

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**SINGAPORE
POLICE FORCE**



A/20190827/7038

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20190827/7038

Suspect			
Person Name	Unknown		
Habits & Oddities	Drives SLD9245M		
Victim			
Person Name	TEH RU HAO, JOEL		
ID Type	NRIC NO	ID No	S8706679G
Gender	Male	Age	32
Race	Chinese	Language	English
Occupation	Senior statutory board official	Address Type	
Address	56 TOH TUCK ROAD #10-02 SINGAPORE 596746	Mobile No	92959200
Is Informant A Victim?	Yes		
Person Name			
TEH RU HAO, JOEL (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2019 19:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



I HAVE SOOOOO MUCH TO DO!
69588226
2/22/2019

1 witness

your car being
being by

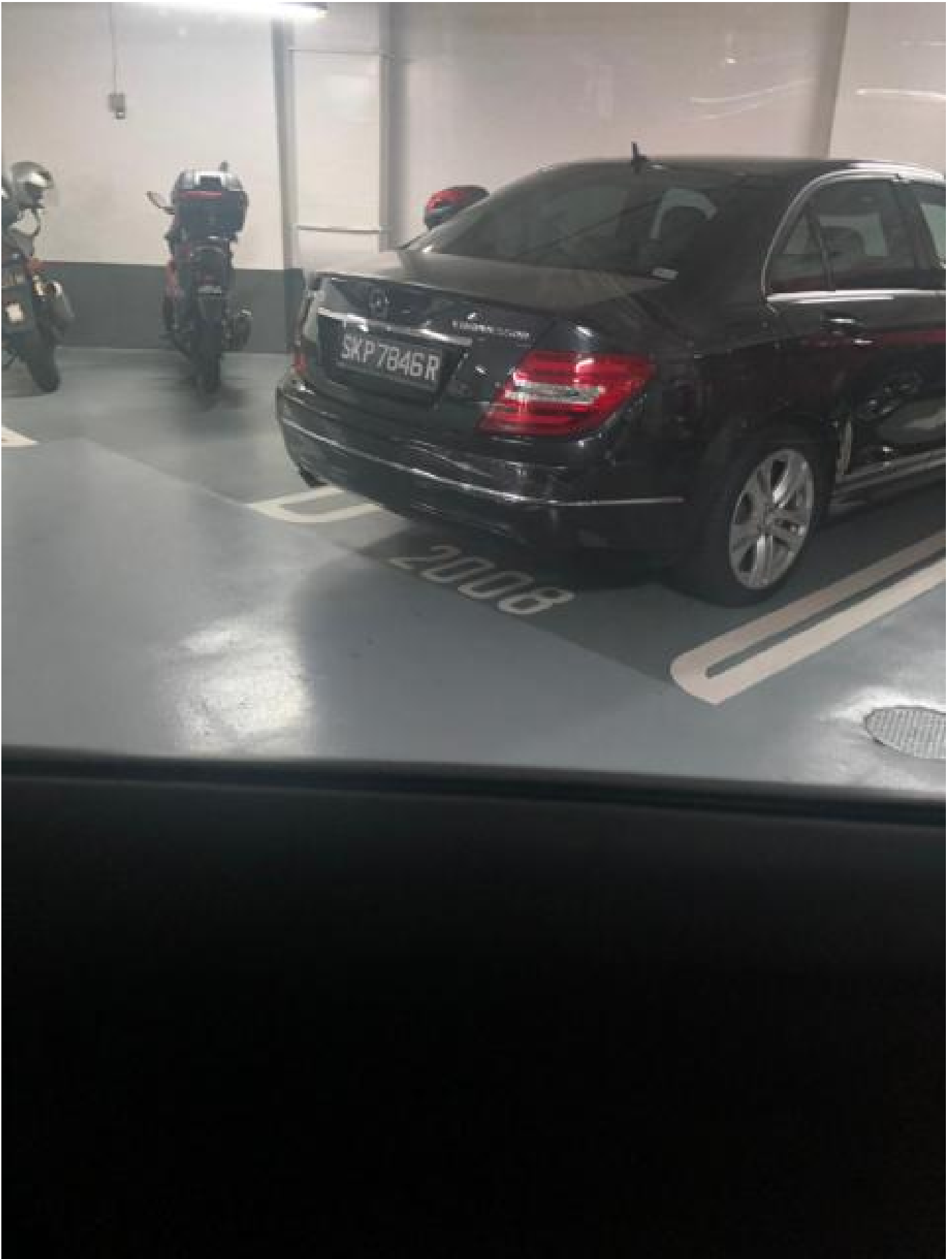
white mercedes

SLD 2014

call if - no one
was around CP.

2:17pm 2/22/2019

Accident Photo



Accident Photo

