

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 willful 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 16:50
Date Of Accident	30/08/2019 18:30
Exact Location Of Accident	ALONG PUNGGOL WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE3276R
Insured/Policyholder	
Name Of Registered Owner	SOON HUA BEE CONSTRUCTION
Co Reg No	53208121L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67886920

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV51SJD2DEA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103384313-01
Cover Note Number	

Driver

Name of Driver	XU WEIHAO
Passport No/FIN	G8370735L
Date Of Birth	10/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82987958
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NIL
Postcode
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? NO
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 HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD6311H
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)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

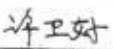
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: _____

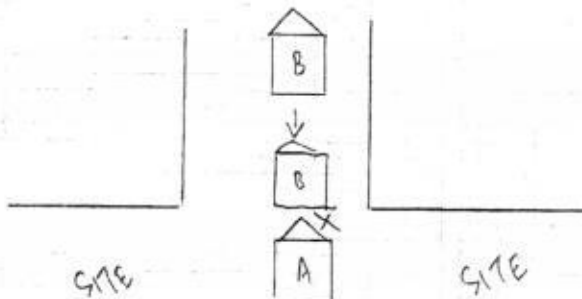



Driver's Signature
(If driver is not the policyholder)
Date & Time: _____


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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time :
Accident Location :
Please refer to police report.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

* IMPORTANT NOTE:
You had been advised by the workshop staff in the event that you wish to submit against your own policy (Over 18 weeks) (Late
more than a FOURTEEN (14) days - please inform us immediately). The slides must be submitted within the stipulated time frame from the day of

Policyholder's

Date & Time:



Driver's Signature _____

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



F/20190830/2118

1 of 2

POLICE REPORT (NP299)

Report No. F/20190830/2118

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Date/Time Report Made 30/08/2019 21:26		Vide Report No.		Station Diary No. 10	
Name Of Informant XU WEIHAO		Address APT BLK 252 HOUGANG AVENUE 3 #02-364 HOUGANG VIEW SINGAPORE 530252			
ID Type / ID No. FIN NO / G8370735L		Contact No. Home/Office Mobile 82987958			
Nationality CHINESE		Email Address			
Occupation Lorry Driver		Sex Male	Age 40	Date of Birth 10/05/1979	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 30/08/2019 18:30		Location Of Incident PUNGGOL WAY SINGAPORE Near to Sumang lane			

Brief details.

On 30/08/2019 at about 1830hrs, I am the driver of vehicle registration plate number XE3276R and my construction site is located at Punggol way and Sumang Lane but I am unable to recall the construction site name.

As such, I parked my vehicle was inside the construction site and I noticed that there was another lorry bearing registration plate number XD6311H was reversing in front of me near to the entrance.

Signature Of Officer Recording The Report: F / Sgt 2 TAI YOONG CHAN, DOMINIQUE <i>lm</i>	Signature Of Informant: <i>许卫豪</i>
Signature Of Interpreter: Not applicable	Date/Time: 30/08/2019 21:26
Officer In-Charge Of Case: F / Hougang N.P.C / SI WEE KIM HUAT, LEONARD Contact No.: 64890999	Classification Of Case:

Authentication Stamp

SN 085

Signature: *lm*

Singapore Police Force



**SINGAPORE
POLICE FORCE**



F/20190830/2118

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190830/2118

While he was reversing, he then collided with my vehicle front portion and I came out of my vehicle. I took photos of the vehicle damages and my vehicle front portion was dented and scratched. Vehicle driver of XD6311H then drove off to the main road and parked stationary there and I did not talk to the driver as he is an male Indian subject.

After which, lorry driver of XD6311H then drove off from the main road and I did not managed to get any particulars of him. I informed my supervisor about it and he directed me to lodge a police report for Insurance claims.

My vehicle has in-vehicle CCTV.

Signature Of Officer Recording The Report:

F / Sgt 2 TAI YOONG CHAN, DOMINIQUE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/08/2019 21:26

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI WEE KIM HUAT, LEONARD
Contact No.: 64890999

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

