

## 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	06/09/2019 15:00
Date Of Accident	06/09/2019 09:30
Exact Location Of Accident	LORONG 15 GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF792S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TECK HOE AIRCONDITIONING PARTS PTE LTD
Co Reg No	197801697R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98226300
Alternative Phone No	OFFICE-67478096

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	GOODS VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109247257
Cover Note Number	

### Driver

Name of Driver	LAI NAM FATT
NRIC No	S1168032A
Date Of Birth	24/03/1956
Occupation	INDOOR
Date Of Driving Pass	16/08/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98226300
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address

BLK 632 VEERASAMY ROAD #13-100

Postcode

200632

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

ROCHER N.P.C

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

### Circumstances of Accident

AS PER POLICE REPORT NO.T/20190906/2049

### 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 UNKNOWN

Phone Number 83108867

Email Address

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ1473B

Vehicle Make/Model/Colour LORRY

Details Of Properties

Vehicle Category GOODS VEHICLE

Name of Driver

NRIC/Passport Number

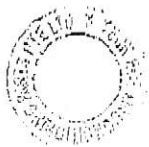
Contact Number

SKETCH PLANIMPORTANT 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.



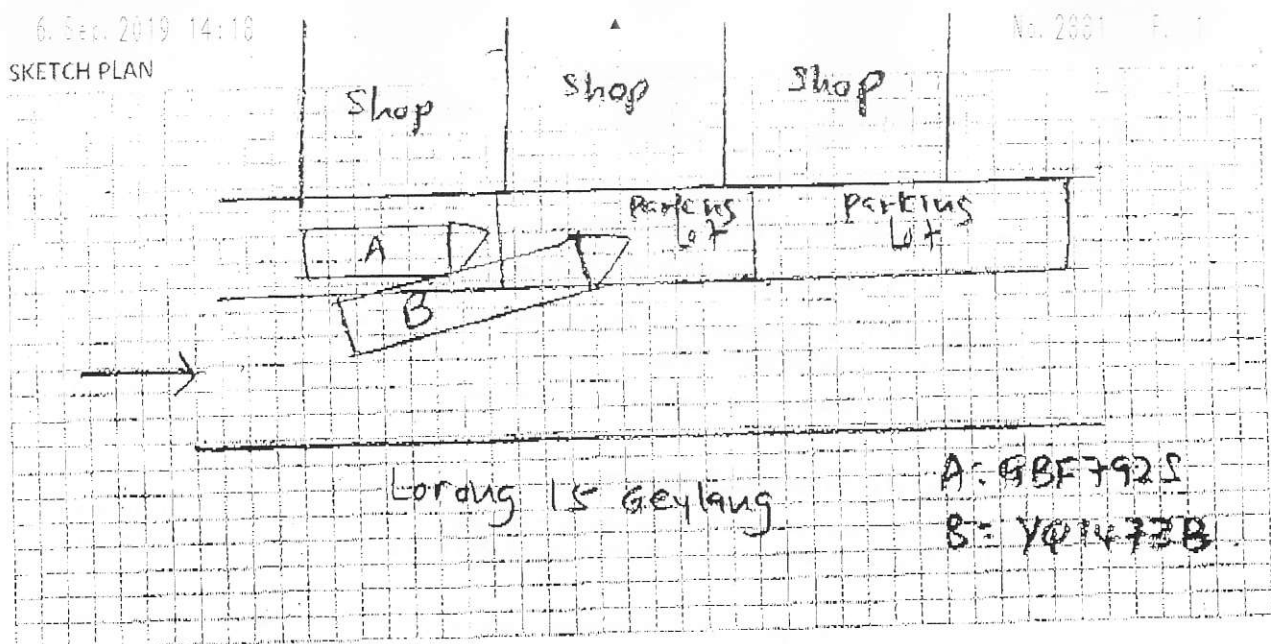
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/9/19



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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS per police report no: T12019090612049

## 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: 06/9/19

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



SINGAPORE  
POLICE FORCE



T/20190906/2049

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190906/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2019 12:18		Vide Report No.:		Station Diary No.: 94	
<b>Informant's Particulars</b>					
Name of Informant: LAI NAM FATT			Address: APT BLK 632 VEERASAMY ROAD #13-100 SINGAPORE 200632		
ID Type / ID No.: NRIC NO / S1168032A			Contact No.: Home/Office: Mobile: 98226300		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 24/03/1956	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SHOP ASSISTANT			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/09/2019 09:30	Type of Location: Straight Road
Location: Along Road 1 LORONG 15 GEYLANG				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF792S	Lorry				Seriously Damaged	0
YQ1473B	Lorry					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190906/2049

Police Station Of Origin:  
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11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190906/2049

**CONTINUATION OF REPORT**

Driver			
Name	LAI NAM FATT	ID No.	S1168032A
Related Vehicle	GBF792S (Lorry)	Contact No.	98226300
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 06/09/2019 at about 0800hrs, I park my vehicle, GBF792S along Geylang Lorong 15, Lot 16.

At about 0930hrs, I heard a loud band and I went outside to make a check and I spotted my vehicle was damaged on the driver's side. Both the headlight and bumper was damaged.

I was informed by a member of public that the vehicle that hit my lorry was YQ1473B.



SINGAPORE  
POLICE FORCE



T/20190906/2049

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapor Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20190906/2049

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:

A /

Sgt 1 LIM HUI YI KLARISSA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Insp GOH GEOK LYE

Contact No.: 65476148

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SIGNATURE

Signature Of Informant:

Date/Time:

06/09/2019 12:18

Classification Of Case: