

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	11/09/2019 15:44
Date Of Accident	11/09/2019 07:15
Exact Location Of Accident	30 CASUARINA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4435Y
Insured/Policyholder	
Name Of Registered Owner	A & T CAR RENTAL PTE LTD
Co Reg No	201600008M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
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	5109315410
Cover Note Number	

Driver

Name of Driver	CHEN BINGGANG
Passport No/FIN	G3281305X
Date Of Birth	01/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2017
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91593973
Fax Number	
Contact Number	OFFICE-91593973
EMail Address	NOEMAIL

Address	BLK 880 TAMPINES AVENUE 8 #06-284
Postcode	520880
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190911/2080.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFJ5400Y
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

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 Policvholder 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. 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 complete 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.


CHEN BIN GUANG
Policyholder's Signature
Date & Time:

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


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

SKETCH PLAN

30 Casuarina Rd



DOA: 11/9/19

A: GBF 4435Y

B: SFJ 5400Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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


CHEN BING GANG
Policyholder's Signature
Date & Time:

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


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

Personal Particulars

Date of Accident: 11/9/19 Time of Accident: 7.17 am
Exact Location of Accident: 30 Casuarina Rd
Owner's Name: A J T Car Rental Pte Ltd NRIC No: HP No:
Driver's Name: Chen Bingng NRIC No: G3281305X HP No: 91593973
Date of Birth: 1/4/1984 Driving Licence Passing Date: 27/4/2017 Occupation: Indoor / Outdoor
Address: 119 Aljunied Ave 2 #01-24 (380119)
Relationship of Driver with Insured: Rental Email Address:
Vehicle No: GBF 4435Y Make & Model: Toyota Hiace
Insurance Co: NTUC Coverage: Comprehensive Policy No:

*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work Hire
*Weather Condition? Clear / Raining / Others: Wet / Dry / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 0 B: C: D:

*Was Anybody Injured? (Yes / No) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police?
O No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
O No O Yes, Vehicle Registration No: Insurer:

*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)

Third Party Driver's Particulars

Vehicle B No: SFJ 5400Y Make & Model:
Driver's Name: NRIC No: HP No:
Vehicle C No: Make & Model:
Driver's Name: NRIC No: HP No:

Witness Particulars

Name: NRIC No: HP No:



**SINGAPORE
POLICE FORCE**



T/20190911/2080

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No. T/20190911/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2019 13:42		Vide Report No.:		Station Diary No.: 77	
Informant's Particulars					
Name of Informant: CHEN BINGGANG			Address: APT BLK 880 TAMPINES AVENUE 8 #06-284 TAMPINES SPRING SINGAPORE 520880		
ID Type / ID No.: FIN NO / G3281305X			Contact No.:		Mobile: 91593973
Nationality: CHINESE			Email:		
Sex: Male	Age: 35	Date of Birth: 01/04/1984	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/09/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 CASUARINA ROAD ALONG THE ROAD NEAR NO.30 CASUARINA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		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
GBF4435Y	Van				Slightly Damaged	0
SFJ5400Y	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20190911/2080

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190911/2080

CONTINUATION OF REPORT

Driver			
Name	CHEN BINGGANG	ID No.	G3281305X
Related Vehicle	GBF4435Y (Van)	Contact No.	91593973
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 11/09/2019 at about 0700hrs, I parked my van at the above mentioned location and went to my friend's house. On the same day at about 0745hrs, I came back and discovered a dent at the right side of the front bumper. As such, I drove back to the office and reported the incident to my management. As the vehicle was rented from a rental company - J-Mart Motor Pte Ltd (Blk 5 Defu Lane 10 #01-578), I reported the incident to them as well and they assisted to retrieve the footage from the in-car camera.

It was captured in the footage that the above mentioned Mercedes had collided onto my vehicle as he was reversing and thereafter, drove off without attempting to look for the owner. With such, I was advised by the rental company to report this incident of Hit and Run. I have the footage ready if investigation requires.



**SINGAPORE
POLICE FORCE**



T/20190911/2080

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

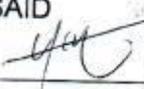
Report No. T/20190911/2080

CONTINUATION OF REPORT

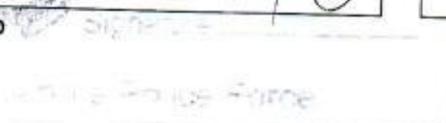
Sketch Plan

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: F / Staff Sgt TAN YEOW CHONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/09/2019 13:42
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145 	Classification Of Case:

Authentication Stamp
NP168



Hello, NAC_PAYA_UBI_800601

Change Language

Change Password

Log Out

My Desktop

Notice of Loss

Policy Query

Policy No. Date of Accident

Vehicle No.(For Motor) Certificate Number

Search

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5109315410	5109315410-000001	A & T CAR RENTAL PTE LTD	201600008M	GFM	Preferred Workshop Plan	GBF4435Y	GBF4435Y	28/05/2019	27/05/2020

Continue

Policy Information

Policy No.	5109315410	Policyholder Name	A & T CAR RENTAL PTE LTD	Policyholder NRIC	201600008M
Certificate No.	5109315410-000001				
Address	BLK 119 #01-24 ALJUNIED AVENUE 2 SINGAPORE 380119				
Product Name	FLEET MASTER INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	03/05/2019	Effective Date	28/05/2019 00:00	Expiry Date	27/05/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess		Young/Inexperience Driver Excess	
Agent	ONG HUI SENG LIFE & GENERAL	Agent Tel.	68410900	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

Policyholder Mailing Address

Address 1	BLK 119 #01-24	Address 2	ALJUNIED AVENUE 2	Address 3	SINGAPORE 380119
Address 4		Address Type	Singapore address	Post Code	380119
Unit No.	01-24	Related Policy Number	5109315410		

Insured Object: 5109315410-000001

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
Certificate Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content

Continue Cancel

Claim Handling

Accident MT/1062002

Policy No.	5109315410	Vehicle No.	GBF4435Y	GST Registration No.	
Certificate No.	5109315410-000001				
Policyholder Name	A & T CAR RENTAL PTE LTD			Policyholder NRIC	201600008M
Product Code	FLEET MASTER INSURANCE	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	0	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	11
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

Accident Details

Report Date	11/09/2019 15:58	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	11/09/2019	Time of Accident hh:mm	07:15	Country of Accident	Singapore
Reporting Centre		Damage Force		ICM No.	
Accident Location	30 CASUARINA RD				

Total Excess Applicable

Excess Type	Per Accident	Windscreen Excess	100.00
OD Standard Excess	2,000.00	TP Standard Excess	1,500.00
YIED OD Excess	0.00	YIED TP Excess	
Additional Excess		Driver is Covered?	
Total OD Excess Applicable	2000.00	Total TP Excess Applicable	

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History	11/09/2019 15:59:15 System changed GST Status Verified from No to Yes.		

Policyholder Mailing Address

Address 1	BLK 119 #01-24	Address 2	ALJUNIED AVENUE 2	Address 3	SINGAPORE 380119
Address 4		Address Type	Singapore address	Post Code	380119
Unit No.	01-24	Related Policy Number	5109315410		

01 Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	01/04/1984
Unnamed driver Name	CHEN BINGGANG	Driver NRIC	G3281305X	Driving Experience	2
Register Date of Driver License	27/04/2017	Driver Age	35	Contact No.(Home)	0
Contact No.(Mobile)	91593973	Contact No.(Office)	0	Address 1	TAMPINES SPRING
Address 1	BLK 880	Address 2	TAMPINES AVENUE 8	Address 3	TAMPINES SPRING
Address 4	SINGAPORE 520880	Address Type	Singapore address	Post Code	520880
Unit No.	06-284			Driver Insurer Company	
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Driver Vehicle No.			

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input checked="" type="radio"/> No
-------------------------------------	------	-------------	---

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	A & T CAR RENTAL PTE LTD	Insured NRIC	201600008M
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	63430921
Email Address		OJ Vehicle Number	GBF4435Y	TP Vehicle Number	SF75400Y
Claimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
Claimant Name *		Claimant NRIC *			
Claimant Address					
Claim Description	GBF4435Y / SF75400Y ON 11 Sept 2019		Name of Preferred Workshop		
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	11/09/2019 00:00
Date Registered	11/09/2019 15:59	Claim Close Date			
Report Taken By	Jackson				

Print AK letter

Save Submit

Attachment

Accident No.	MT/1062002	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	11/09/2019 16:00

Path *	Category *	Confidential	Urgency *	Description *
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	
Browse... Clear	Please Select	NO	Normal	

Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	SAS	Normal	SAS 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 16:00	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 15:59	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 15:59	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 15:59	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 15:59	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 15:59	Photos	Normal	Photos 2019-9-11	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVI CES) on 11 Sep 2019 15:59	Photos	Normal	Photos 2019-9-11	

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
		Display in New Window	Scan and uploading	