

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	16/09/2019 09:04
Date Of Accident	13/09/2019 14:30
Exact Location Of Accident	50 UBI AVE 3 LEVEL 4 NEAR 04-24
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ4069G
Insured/Policyholder	
Name Of Registered Owner	LEATHER ETC PTE LTD
Co Reg No	200201724M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68482112

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5088476818-02
Cover Note Number	-

Driver

Name of Driver	TAN SAM MIN
NRIC No	S1443772Z
Date Of Birth	21/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	08/07/1981
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97339266
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 707 TAMPINES ST 71 #09-90
Postcode	520707
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190914/2034

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE8683B
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

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

04-24

A

B — Reversed

A = 6Z 4069 G
B = 6BE 8683 B

50 Ubi Ave 3 Level 4 near 04-24

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20190914 / 2034

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:


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190914/2034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190914/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2019 09:37	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN SAM MIN			Address: APT BLK 707 TAMPINES STREET 71 #09-90 TAMPINES SUNRISE SINGAPORE 520707	
ID Type / ID No.: NRIC NO / S1443772Z			Contact No.: Home/Office: Mobile: 97339266	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 21/01/1960	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: TECHNITION			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/09/2019 17:35	Type of Location:
Location: Along Road 1 UBI AVENUE 3 50 UBI AVE 3 , LEVEL 4 NEAR 04-24				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
GZ4069G	Van	TOYOTA	HIACE MANUAL		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/20190914/2034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190914/2034

CONTINUATION OF REPORT

Driver			
Name	TAN SAM MIN		ID No. S1443772Z
Related Vehicle	GZ4069G (Van)		Contact No. 97339266
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON STATED TIME, DATE AND LOCATION,
ON 13/09/2019 @ 1245HRS, I PARKED MY M/VAN AT THE FOURTH FLOOR NEAR TO MY OFFICE. I WAS ON HALF-DAY WORKING ON THAT DAY. AFTER I PARKED MY M/VAN AT THE PARKING LOT, I WENT BACK HOME.

AROUND 1700HRS, I RECEIVED A CALL FROM MY BOSS AND ASKED ME WHETHER I HIT ONTO ANY VEHICLE OR THING. I SAID 'NO', I DID NOT HIT ONTO ANYTHING. THEN, MY BOSS INFORMED ME THAT MY VAN WAS HIT ON THE RIGHT FRONT PORTION. MY BOSS CALLED THE POLICE FOR ASSISTANCE. THEY CHECKED FROM THE BUILDING CCTV THAT MY VAN WAS HIT BY ANOTHER VEHICLE DURING REVERSING AND THE VEHICLE JUST DROVE OFF. THE FOOTAGE OF THE ACCIDENT WAS CAPTURED BY THE BUILDING CCTV. I WAS TOLD TO COME TO TRAFFIC POLICE TO LODGE A REPORT.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190914/2034

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190914/2034

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:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SH KALESWARI PALANI IO Beifeng
Contact No: 65476902 H/P: 6547 6415

Authentication Stamp
NP168 94577858

Signature Of Informant:

Date/Time:
14/09/2019 09:37

Classification Of Case:

SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119122139 Vehicle Registration No: GZ4069G
Name (as shown in NRIC) : LEATHER ETC PTE LTD NRIC/FIN/Passport No : 200201724M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97339266
Email Address : _____
Date of Accident : 13/09/2019 Time of Accident : 14:30
Place of Accident : 50 UBI AVE 3 LEVEL 4 NEAR 04-24
Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND REVERT FROM REPORTING TO TP CLAIMS



Policyholder / Driver's Signature
Date:

sfm 30/10/19

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