SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
THE RESERVE OF THE PARTY OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	16/10/2019 16:25
Date Of Accident	12/10/2019 11:45
Exact Location Of Accident	HOUGANG AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ4892Z
Insured/Policyholder	
Name Of Registered Owner	SI HUAT PETH
NRIC No	S8281769G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96636348
Alternative Phone No	OTHERS-96636348
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
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	5106884249
Cover Note Number	
Driver	
Name of Driver	SI HUAT PETH
NRIC No	S8281769G
Date Of Birth	14/07/1982
Occupation	INDOOR
Date Of Driving Pass	19/10/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96636348
Fax Number	
Contact Number	OTHERS-96636348
EMail Address	NOEMAIL

BLK 666A PUNGGOL DRIVE #08-550 Address

821666 Postcode

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured **OWNER**

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

NO

NO

YES

0

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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name PAYA LEBAR NEIGHBOURHOOD POLICE POST

ROAD: BLK 114 HOUGANG AVENUE 1 #01-1270, POSTCODE: 530114, Police Station Address

COUNTRY: SINGAPORE

NO

Police Station Contact TEL NO: 1800-2899999 - FAX NO: 62815961

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20191012/2060:

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 SGN2127Z

Vehicle Make/Model/Colour NISSAN / LATIO 1.5L A

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 Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the impurers 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.
- 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 Singapone ("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 (sollectively 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 1
 - 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 ma;
 - (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 daims 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:
 - 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.se

Reporting Centre Personnel's Signature

NRIC/FIN NO. 8 OCT 2010

CH PLAN		
		A - SKZ4MZZ
		7 10 0 10 0
		B- SANZ1272
	A	
	101 100	
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Refer to Police	L RI rount.	- 1200
		0.4989
		THE RESIDENCE OF STREET
LARATION	_	IDAC KAKI BUKIT (VAC)
declare the foregoing particulars	are type levery respect.	23 Kaki Bukit Ave 4 #02-02
VIC-	100	Singapore 415933
117	4 7 -	Tel: 67416697 Fax: 67492305
holder's Signature	and the	Email: vackb@vicom.com.sg
nomer's agrature	DriveRs Signature	Reporting Centre Personnel's Signature

1 8 OCT 2019





Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 1 of 3 Report No. T/20191012/2080

REPURT	OF A TRAFFE	ACCIDENT			
	ne Report N 019 13:29	Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partici	ulars			
Name of SI HUAT	f Informant: FPETH		Address: APT BLK 666A PUNGGOL 821666	DRIVE #08-550 SINGAPORE	
	/ ID No.: D / S828170	59G	Contact No.: Home/Office: Mobile: 96836348		
National MALAY			Email:		
Sex: Male	Age: 37	Date of Birth: 14/07/1982	Type of Informant: Vehicle Owner		
Race: Chinese			Language: Institution / School Na		
Occupation: IT MANAGER			Oriving Licence Information: Class: 28.3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/10/2019 11:45	Type of Location Car Park
	VENUE 1			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
				Name of Particular State of the Owner, where the Particular State of the Owner, where the Owner, which is the Owner,
Traffic Flow:		Traffic Control:		Traffic Volume:

Details of V	ehicle invo	lyed			E HOUSE BOOK	PORT TO THE REAL PROPERTY.
Vahicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKZ4892Z	Саг	HONDA	VEZEL 1.5X	Blue		0

Details of Person Involved	Policy Committee and the second
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20191012/2080

Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999 2 of 3 Report No. T/20191012/2060

CONTINUATION OF REPORT

Vehicle Owner	And the second s	ASP WELL	-	TIPS AL-		S8281769G
Name	SI HUAT PETH			ID No		58261768G
Related Vehicle	SKZ4892Z (Car)			Conta	ct No.	96636348
Hospital/Clinic	NIL .			Class Drivin Licena Explry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NiL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

On 12/10/2019 at about 1100hrs, I parked my vehicle (SKZ4892Z) at the open carpark of Blk 108 Hougang Avenue 1 inside lot 191, before heading for the market. My vehicle was observed to be all intact with no damages.

Subsequently at about 1205hrs, I returned to retrieve my vehicle and discovered several scratches on the right front bumper.

I wish to inform that no notes were left behind and there is a dashcam installed in my vehicle which captured a vehicle (SGN2127Z) attempting to park into the lot beside my vehicle. I-am-uncertain if the aferesaid vehicle contacted my vehicle during the parking process as the driver drove out of the lot. Immediately after parking into the lot.

I am lodging this report for Police Investigations.



Police Station Of Origin: Paya Lebar NPP 114 Hougang Avenue 1 #01-1270 SINGAPORE 530114 Tel No: 1800-2899999



3 of 3 Report No. T/20191012/2060

CONTINUATION OF REPORT

Sketch Plan

NP168

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 65474886 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 2 TAN KAI JUN, CHRISTIAN	Signature Of Informarit
Signature Of Interpreter: Not applicable	Date/Time: 12/10/2019 13:29
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case;
Authentication Stamp	



NP 168 No.

Traffic Police Department Charge Office 10 Ubi Avenne 3 Singapore 408865

Name : SI HUAT PETH

Accident Date/Time	e : 12/10/2019 @ 1145hrs	Address	: Block 666A Punggol Drive #08-550
Vehicle(s) Involved	: SKZ4892Z		
		NRIC No	: S8281769G
		Tel No Date	: 96636348 : 15/10/2019
	A :	L/atic	: 15/10/2019
Dear Sir / Madam			
the same in the contract of the	volving Hit-and-Run/ N	on-injury	
nlong Block 108 l	lougang Avenue I Carps	ark Lot 191	On 12/10/2019 at 1145 hours
With refere	nce to the above, I have	on 12/10/2019	(date) 1329 hours (time) make a
police report at Pa	ya Lebar NPP		(Police Station/NPP/NPC)
In NP 168- T/201	91012/2060		
On 15/10/	72019 (date), 2015 hou	rs (time) at Pavi	Lebar NPP
	NPC), I make the follow		
I have viewed my c	ar dash camera, and I wa	is certain that the	e vehicle SGN2127Z hit onto my
right side of my vel	nicle while reversing as a	ny vehiele shake	as viewed from your dash camera.
After the vehicle his fostage.	t onto my vehicle, he the	n left subsequen	tly. I wish to inform I still have the
Tootage.			
Yours Eaithfully,			
()			
- ATE			
(Signature)	Marine .		
Limiter			
		FFICIAL USE	
The second second			se complete the following.
Name / Rank No	: SGT T180091 Low	Kai Tat	
Date and Time	: 15/10/2019 @ 2015	hrs	
Station Dairy No	: 6		
Signature	: 18M		