

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	13/11/2019 10:48
Date Of Accident	12/11/2019 14:45
Exact Location Of Accident	WEST COAST HWY FLYOVER TWDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3848Y
Insured/Policyholder	
Name Of Registered Owner	PEOPLE'S VEHICLE RECOVERY SERVICE
Co Reg No	31800200X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67433246

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108167214
Cover Note Number	

Driver

Name of Driver	OH THIAM HOCK (HU TIANFU)
NRIC No	S7615655G
Date Of Birth	25/05/1976
Occupation	OUTDOOR
Date Of Driving Pass	28/01/1997
Driving Experience	22 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98550782
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 413 SEMBAWANG DR #03-702
Postcode	750413
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	COLLISION - CHANGE/CROSS LANE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SEMPAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMPAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20191112/2134

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ7696R
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)

Accident Sketch Plan

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.
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 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.



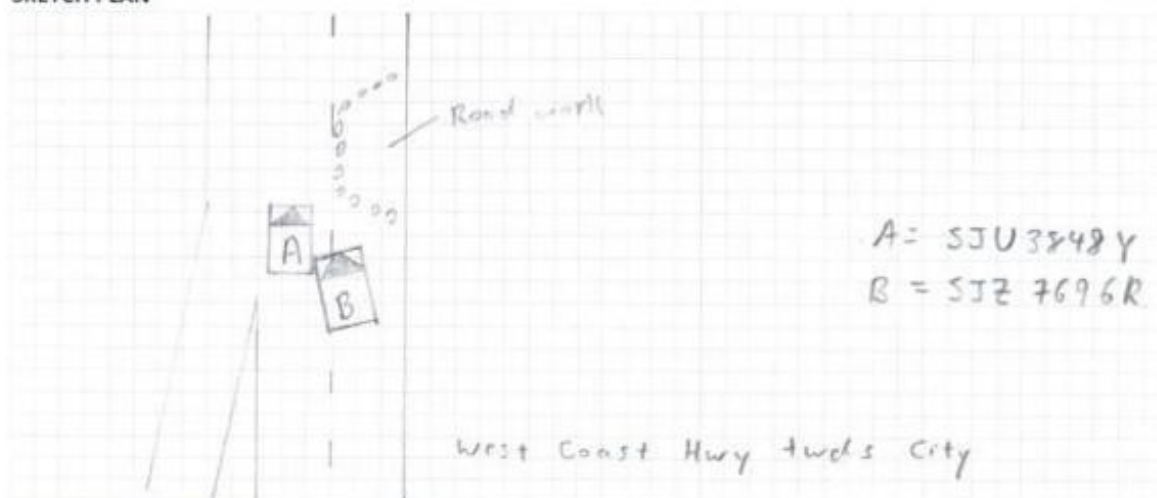
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/ 20191112/2134

DECLARATION

I/We ~~and~~ 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/20191112/2134

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3

Report No. T/20191112/2134

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/11/2019 18:26	Vide Report No.:	Station Diary No.: 65
--	------------------	--------------------------

Informant's Particulars

Name of Informant: OH THIAM HOCK			Address: APT BLK 413 SEMBAWANG DRIVE #03-702 SINGAPORE 750413		
ID Type / ID No.: NRIC NO / S7615655G			Contact No.: Home/Office: Mobile: 98550782		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 25/05/1976	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: DRIVER			Driving Licence Information: Class: 3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/11/2019 14:45	Type of Location:
Location: Along Road 1 WEST COAST HIGHWAY				
West Coast Highway flyover towards City				
Weather:		Road Surface:	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
SJU3848Y	Car				Slightly Damaged	0
SJZ7696R	Car				No Damage	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/20191112/2134

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3

Report No. T/20191112/2134

CONTINUATION OF REPORT

Driver			
Name	OH THIAM HOCK	ID No.	S7615655G
Related Vehicle	SJU3848Y (Car)	Contact No.	98550782
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/11/2019 at about 1445hrs, I was driving my company's vehicle, SJU3848Y along flyover of West Coast Highway towards City at the extreme left lane. There was a vehicle, SJZ7696R, believed to be a private hirer driving along the right lane. Subsequently, he filtered his vehicle to the left lane as there was construction work going on the right lane. As he was filtering to the left, he managed to scrape the right rear of my vehicle. I horned him to signal him to stop however he just looked at me and drove off. I tried to stop him a couple of times but to no avail.

The damages of my company vehicle were scratches and dent at the right rear vehicle from the wheel area to the passenger door.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191112/2134

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

Report No. T/20191112/2134

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:

L /

Sgt 2 WAN FARAH DINA BINTE SAIFULLIZAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

12/11/2019 18:26

Officer In Charge Of Case:

TP / HRT /

Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL

Contact No.: 65476131

Classification Of Case:

Authentication Stamp

NP158

Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



