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 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

2017017000001001	
TREASE STATE OF THE STATE OF THE STATE OF	ACCIDENT STATEMENT
Date Of Report	22/11/2019 16:20
Date Of Accident	22/11/2019 12:05
Exact Location Of Accident	JALAN KILANG TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
Design the Control of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW4477S
Insured/Policyholder	
Name Of Registered Owner	TAN BOON ANN
NRIC No	S1429338H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98186858
Alternative Phone No	OTHERS-98186858
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO K3
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099149475-01
Cover Note Number	
Driver	
Name of Driver	TAN BOON ANN
NRIC No	S1429338H
Date Of Birth	25/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	21/08/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98186858
Fax Number	
Contact Number	OTHERS-98186858

BLK 74 WHAMPOA DRIVE Address

#10-322

Postcode 320074

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

YES

YES

1

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

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 WHAMPOA NEIGHBOURHOOD POLICE POST

ROAD: BLK 29 JALAN BAHAGIA, POSTCODE: 320029, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2507999 - FAX NO: 63554314

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? YES

Remarks/ Reasons:

VIDEO WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH459U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NA

NRIC/Passport Number

Contact Number NA

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 .
 - 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.

Policyholden's Signature Date & Time:

del's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN			
A			
		(B) OTIO	101-1-0
		(A)SJW	441211111111
The state of the s)	B) GBH	4590.
DESCRIPE CIPCULACTANGES OF TH	IF ACCIDENT		
DESCRIBE CIRCUMSTANCES OF TH			
On 22/11/2019 at	1201/12	, I was	driving my Grey
10,101 1C3 8JW44	1775 alm	o tho Ja	lan lectans and
unas waiting for.	the rehicl	as infrom	t of me to move
as the traffic u	stung was	of course	At the material
ALLA LALLA DELLA	orance mas	8.111	. I Pill . I
fine I was stati	unary, and	- suoraesti	1, 1 felt and
impact from the	e baok a	a notice	I that there was
a long had			
However, the lo	my meros	stop and	just drove away.
I then get down	n from w	y vehicle	and made a check
and discovered &	ho white	room volulal	le suffere d'damages
from the Impact.	1 Shares a	a da ano	accompact land
book we what	1- marce a	N MI PECV	Contries a Mas
captured the	lorry 1281	Stratim v	rumber GBH459U.
The side of the	e dong	has the	word AIRSTAR on it.
Refer police rep	20rt.		
/ /			
DECLARATION			
DECLARATION I/We declare the foregoing particulars a	are true in every respec	t.	^
(000)			
Stotu			/ / //
Policyhelder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the police	cyholder)	Name:
	Date & Time:		NRIC/FIN No.:

GIARMI, SkatchPlanForm_V3

Page 5 of 21

Common Statement Pg. 1





1 of 3 Report No. T/20191122/2076

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

REPORT	OF	A	TRAFFIC	ACCIDENT
--------	----	---	---------	----------

Date/Time Report Made: 22/11/2019 14:21		flade:	Vide Report No.:	Station Diary No.: 21
Informa	nt's Partici	ulars		for the shall be the state of
Name of Informant: TAN BOON ANN			Address: APT BLK 74 WHAMPOA DR	IVE #10-322 SINGAPORE 320074
ID Type / ID No.: NRIC NO / S1429338H		38H	Contact No.: Home/Office: Mobile: 98186858	
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Age: Date of Birth: Male 58 25/11/1960			Type of Informant: Driver	
Race: Chinese Occupation: PRIVATE HIRER		9	Language:	Institution / School Name:
			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/11/2019 12:0	Type of Location Straight Road
JALAN KILAN JALAN BUKI				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way				Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head To	Rear		Anyone conveyed by ambulance:

Vehicle No.	Type	Make All III	Model	Color	Condition	No of Passenger
GBH459U	Lorry					0
SJW4477S	Car	KIA	CERATO K3	Grey	Slightly Damaged	0

Insurance Company	Insurance No	Effective	Expiry Date
NTUC Income Insurance Co-Operative	5099149475-01	02/05/2019	01/05/2020
	Control of the second s		modratice company and property and the modern and the second

Common Statement Pg. 1



T/20191122/2076

2 of 3

Report No. T/20191122/2076

Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029

Tel No: 1800-2507999

CONTINUATION OF REPORT

Any Pedestrian In		Use of Peo	destrian	Cross	ing: NA
No. of Pedestrian	s Injured: NIL	The distribution of	I BEEN HE		and sevent Exercise.
Driver Name	s Injured: NIL TAN BOON ANN		ID No.		S1429338H
			Conta	ct No.	98186858
Related Vehicle	NIL				0.00
Hospital/Clinic	NIL		Class Driving Licent Expiry	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL Date I		charge	NIL	
No of Davs gran	ted Medical Leave NIL	Degree o	f Injury	NIL	

Brief Details.

On 22/11/2019 at 1201hrs, I was driving my Grey Kia K3 bearing the registration number SJW4477S along the Jln Kilang and I was waiting for the vehicles in front of me to move as the traffic volume was heavy. At the material time, I was stationary and I remembered the incident location happened infront of No.1 Jln Kilang Building. Suddenly, I felt and impact from the back and I noticed that there was a lorry had hit onto me.

Initially, I thought that the lorry will parked along the side and will come down from the vehicle for the settlement that he had hit onto my vehicle. However, he did not stop and just drove away. I then get down from my vehicle and made a check and discovered the right rear vehicle suffered damages from the impact. I have an in-car camera has captured the lorry's registration number GBH459U. The side of the lorry has the word 'AIRSTAR' on it.

Common Statement Pg. 1





Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999 3 of 3 Report No. T/20191122/2076

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: E / Sgt 2 YONG JUN JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/11/2019 14:21
Officer In Charge Of Case: TP / HRT / Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL Contact No.: 65476131	Classification Of Case: SINGAPORE SN 167 POLICE FORCE JUTICULARDING CHEFT DAY
Authentication Stamp NP168	SIGNATURE