

## 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	11/12/2019 10:37
Date Of Accident	03/12/2019 21:40
Exact Location Of Accident	BLK 302 UBI AVE 1 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU7095L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOP NOTCH SERVICES
Co Reg No	53330322B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94884426

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111689210
Cover Note Number	

### Driver

Name of Driver	LIONG SIN YEONG
NRIC No	S8672597E
Date Of Birth	04/09/1986
Occupation	INDOOR
Date Of Driving Pass	12/06/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94884426
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 288D BUKIT BATOK ST 25 #06-50
Postcode	653288
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	-
	-
	-

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191203/2181

#### 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	PC1057A
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

#### IMPORTANT NOTICE

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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

BIK 302 Ubi Ave 1 open Carpark A = SGU 70952  
B = PC 1057A



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2019 1203/2181

### 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/20191203/2181

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

1 of 3

Report No. T/20191203/2181

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2019 23:00	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: LIONG SIN YEONG			Address: APT BLK 288D BUKIT BATOK STREET 25 #06-50 NATURE VIEW SINGAPORE 653288		
ID Type / ID No.: NRIC NO / S8672597E			Contact No.: Home/Office: Mobile: 94884426		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 04/09/1986	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: FINANCE			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/12/2019 21:40	Type of Location: Car Park
Location: Along Road 1 UBI AVENUE 1  BLK 302 OPEN SPACE CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
PC1057A	Van	TOYOTA	HIACE COMMUTER GL 3.0 A	Silver		0
SGU7095L	Car	TOYOTA	VIOS E AUTO	Black	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/20191203/2181

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

2 of

Report No. T/20191203/2181

CONTINUATION OF REPORT

Driver				
Name	LIONG SIN YEONG		ID No.	S8672597E
Related Vehicle	SGU7095L (Car)		Contact No.	94884426
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION.

I JUST ENDED WORK AND I AM GOING TO HEAD BACK HOME. THEN WHEN I WENT TO THE CARPARK I REALIZED THAT MY CAR HAD A DENT AND SCRATCHES ON THE DRIVER'S SIDE DOOR. THERE IS A WITNESS OF THE INCIDENT, HE CALLED ME OVER AND TOLD ME HE HAD WITNESS THE ENTIRE INCIDENT WHILE WASHING THE DISHES. HE SAID THAT THE VAN PC1057A JUST HIT THE CAR AND SIMPLY DROVE OFF WITHOUT STOPPING. SO I REALIZED THAT IT IS AN HIT AND RUN ACCIDENT. NO ONE WAS INJURED.

THAT IS ALL.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191203/2181

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

3 of 3

Report No. T/20191203/2181

### 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 /  
WINSTON KOH WEN ZHONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
SI KALESWARI PALANI  
Contact No.: 65476902

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
03/12/2019 23:00

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

