#### 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 <u>truthful and accurate</u> 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.	
	ACCIDENT STATEMENT
Date Of Report	30/12/2019 13:27
Date Of Accident	27/12/2019 16:15
Exact Location Of Accident	LORONG 21 GEYLANG LOT 26
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ6229S
Insured/Policyholder	
Name Of Registered Owner	DMC EVENT MANAGEMENT PTE LTD
Co Reg No	1XXXXX160G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62276911
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5110658051
Cover Note Number	
Driver	

Name of Driver WEE POIR JIN
NRIC No SXXXX031C
Date Of Birth 25/10/1978
Occupation OUTDOOR
Date Of Driving Pass 14/09/2001

Driving Experience 18 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93893998

Fax Number

Contact Number

EMail Address NOEMAIL

27 FLORA RD #06-01 Address

Postcode 509741

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

YES

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: Police Station Address

**SINGAPORE** 

TEL NO: 1800-8486999 - FAX NO: 68486799 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT T/20191228/2040

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES **BUILDING CCTV** 

Remarks/ Reasons:

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

**GBA4619K** Vehicle Registration Number

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

- 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.
- 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.
- 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 invoive 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: 48 \u\4619

SERAN

Driver's Signature (If driver is hot the posicyholder)

Date & Time: 38/12/2619

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### **Accident Sketch Plan**

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CRIBE CIRCUMSTA	ANCES OF TH	E ACCIDENT				
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### **POLICE REPORT**





Police Station Of Origin:

Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999

1 of 3 Report No. T/20191228/2040

### REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 28/12/2019 12:36		Vide Report No.: G/20191227/0133	Station Diary No.: 45		
Informant's Particulars				The branch he person and the party party		
Name of WEE PC	f Informant: DIR JIN		Address: 27 FLORA ROAD #06-0	Address: 27 FLORA ROAD #06-01 SINGAPORE 509741		
	/ ID No.: O / S78800:	31C	Contact No.: Home/Office:	Mobile: 93893998		
Nationality: MALAYSIAN		Email:				
Sex: Male	Age:	Date of Birth: 25/10/1978	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name:			
Occupation: EVENT PLANNER			Driving Licence Informat Class:	tion: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/12/2019 16:1	5	Type of Location Straight Road	
Location: Along Road 1 LORONG 21 Lorong 21 Ge	GEYLANG					
Weather: Clear	Traing, Eur 20	Road Surface: Dry		Road	Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Wo	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Two Way			in the same of the	Anyor	to the same to	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ6229S	Lorry				Slightly Damaged	0

#### POLICE REPORT





Police Station Of Origin: Geylang N.P.C 132 Paya Lebar Road SINGAPORE 409014 Tel No: 1800-8486999 2 of 3 Report No. T/20191228/2040

# CONTINUATION OF REPORT

#### Brief Details.

On 27/12/2019 at about 4.15pm, you parked my vehicle at Lot 26 at Lorong 21 Geylang. Subsequently, I then left the place to my warehouse which was opposite the lot. I was looking at the lot from my warehouse and I noticed another white lorry (GBA4619K) was trying to park in the lot infront of my lorry. He was unable to go in as such he reversed out and made one round before coming to the same lot. The driver then tried parking again and he managed to park the lorry. Subsequently, the driver came down and checked the back of the lorry and the front of my lorry. The driver then went back into The lorry and reversed out of the lot. I suspect that the driver might have hit onto my lorry while parking the second time round. Subsequently, the lorry drove off without leaving a note or stopping by. I checked the CCTV footage from the neighboring warehouse which revealed the accident. I then called for traffic police assistance and they had came down to the scene.

My vehicle suffered 2 dents at the front bonnet however, I have not made a check on the working condition of the other parts of my lorry. There were no passengers inside at that point of time.

### **POLICE REPORT**





Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999 CONTINUATION OF REPORT

3 of 3 Report No. T/20191228/2040

### 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 G / Sgt 2 AHSIFAH BEGAM	rt: Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/12/2019 12:36
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE A
Authentication Stamp NP168	
	SIGNATURE



















