

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	13/01/2020 18:05
Date Of Accident	11/01/2020 14:15
Exact Location Of Accident	200 TURF CLUB ROAD (THE GRANDSTAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF348L
Insured/Policyholder	
Name Of Registered Owner	PHUA LU EN, ESTHER (PAN LU'EN)
NRIC No	S8730546E
Email Address	STUMPIED@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91397767
Alternative Phone No	OTHERS-91397767

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104425902-01
Cover Note Number	26/10/19 - 25/10/20

Driver

Name of Driver	PHUA LU EN, ESTHER (PAN LU'EN)
NRIC No	S8730546E
Date Of Birth	04/10/1987
Occupation	INDOOR
Date Of Driving Pass	10/12/2007
Driving Experience	12 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91397767
Fax Number	
Contact Number	OTHERS-91397767
EEmail Address	STUMPIED@GMAIL.COM

Address	BLK 832 YISHUN ST 81 #07-442
Postcode	760832
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?	NO
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	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DIRECT TO INSURANCE COMPANY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN5845D
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)

Sketch Plan

SKETCH PLAN


VEHICLE NO.: SMF348L
INSURER : NTUC
DATE & TIME: 11/01/20 2.15pm

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.:

Sketch Plan #2

SKETCH PLAN

200 Turf Club Rd (The Grandstand)



A = 5MF348L
B = 5JN5845J

Parking Lot

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: NTUC Veh No: SMF348L DoA: 11/01/20 2:15pm

Refer Police Report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: _____

(45) *[Signature]* 13/01/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm: 9/3

() Claim Own Policy (/) Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()



**SINGAPORE
POLICE FORCE**



E/20200113/7018

1 of 3

POLICE REPORT (NP299)

Report No. E/20200113/7018

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 13/01/2020 16:23	Vide Report No.	Station Diary No.	
Name Of Informant PHUA LU EN, ESTHER	Address APT BLK 832 YISHUN STREET 81 #07-442 SINGAPORE 760832		
ID Type / ID No. NRIC NO / S8730546E	Contact No. Home/Office:	Mobile: 91397767	
Nationality SINGAPORE CITIZEN	Email Address stumpied@gmail.com		
Occupation Operations officer (except transport operations)	Sex Female	Age 32	Date of Birth 04/10/1987
			Race Chinese
Institution/School Name	Language English		
Date/Time Of Incident 11/01/2020 14:15 - 11/01/2020 14:20	Location Of Incident 200 TURF CLUB ROAD THE GRANDSTAND SINGAPORE 287994		

Brief details.

On Sat (11 Jan), I was at Turf Club Road for a Rugby game. From 1130am to 330pm, I parked at a gravel area, where parking lots are unmarked, but drivers all line the cars up in an orderly manner in 2 rows.

When I came back to the car, I noticed that the front left side of my car had been badly scratched.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2020 16:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



E/20200113/7018

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200113/7018

However, there was no note left for me to contact the person who might have done this. Basically a hit and run.

As I did not have my in-car camera switched on when the car's engine is off, I looked around and noticed that the car parked opposite mine had his switched on and directly facing my car. I knew that this car might have recorded the incident and left him a note to contact me so he could help me.

He found the footage of the accident and sent me the videos. I reported this as a crime as this was a hit and run, and not a simple traffic accident. The perpetrator was driving a Silver vehicle that looks like an MPV - SJN 5845D. If I should report this under another section, please let me know.

Thank you.

Subjects Involved			
Suspect			
Person Name	unknown		
Gender	Male	Habits & Oddities	driver of SJN5845D
Victim			
Person Name	PHUA LU EN, ESTHER		
ID Type	NRIC NO	ID No	S8730546E
Gender	Female	Age	32
Race	Chinese	Language	English

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

13/01/2020 16:23

Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20200113/7018

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200113/7018

Occupation	Operations officer (except transport operations)	Address Type	
Address	APT BLK 832 YISHUN STREET 81 #07-442 SINGAPORE 760832	Mobile No	91397767
Is Informant A Victim?	Yes		
Person Name	PHUA LU EN, ESTHER (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 13/01/2020 16:23
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Scene Photo



Scene Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : ACHM20005871 Vehicle Registration No: SMF348L
Name(as shown in NRIC) : Phua Lay Ee, Esther NRIC/FIN/Passport No : S8730546E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 832 Yishun St 81 #07-442 S(760832) Singapore()
Contact (Tel) : _____ Mobile No. : 91397767
Email Address : stumpied@gmail.com
Date of Accident : 11/01/20 Time of Accident : 14:15
Place of Accident : 200 Turf Club Rd (The Grandstand)
Insurance Company: NISC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Driving Pass Date should be 10/12/2007 instead of 10/10/2007.

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Wei Lin
NRIC/FIN No.: _____
Date: 14/01/20