

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	06/02/2020 12:41
Date Of Accident	05/02/2020 18:45
Exact Location Of Accident	AYE TOWARDS CLEMENTI AVE 6 AT EXIT 11(LAMPOST 113)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD8371Y
Insured/Policyholder	
Name Of Registered Owner	THIEN MA SANG
NRIC No	SXXXX738I
Email Address	CUP79@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98112072
Alternative Phone No	OTHERS-90052658

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 GLX (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5105216863
Cover Note Number	

Driver

Name of Driver	THIEN WEI PIN
NRIC No	SXXXX900F
Date Of Birth	27/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1999
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98112072
Fax Number	
Contact Number	OTHERS-90052658
EEmail Address	CUP79@HOTMAIL.COM

Address	BLK 488B CHOA CHU KANG AVENUE 5 #11-137
Postcode	682488
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200205/2344

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBG5406U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMF5867Y

Vehicle Make/Model/Colour

NOT INVOLVE

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

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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: 6/02/2010


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200205/2344

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20200205/2344

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2020 21:51	Vide Report No.:	Station Diary No.: 206
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Informant's Particulars			
Name of Informant: THIEN WEI PIN		Address: APT BLK 488B CHOA CHU KANG AVENUE 5 #11-137 SINGAPORE 682488	
ID Type / ID No.: NRIC NO / S7973900F		Contact No.: Home/Office: Mobile: 90052658	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 27/09/1979	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SENIOR PROPERTY EXECUTIVE		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/02/2020 18:45	Type of Location: Gradient
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY CLEMENTI AVENUE 6 AYE towards exit 11 to Clementi Avenue 6 Lamp Post Number: 113				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG5406U	Motorcycle			Black		0
SGD8371Y	Car	MITSUBISHI	Mitsubishi Lancer	Black	Slightly Damaged	1
SMF5867Y	Car	MERCEDES BENZ		Grey		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200205/2344

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Report No. T/20200205/2344

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THIEN WEI PIN	ID No.	S7973900F
Related Vehicle	NIL	Contact No.	90052658
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 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 05/02/2020, at about 1848hrs, I was sending my passenger from INSEAD in my vehicle (SGD8371Y) to 28 Bukit Batok East Avenue 2. I decided to take the AYE under the GPS instructions. As I was exiting the expressway via exit 11 to Clementi Avenue 6 on a gradient bend to the left, I suddenly heard a light scratch on my vehicle. My passenger and I were not injured. Upon checking the car, I discovered a long light scratch on the bottom left side of my car. I checked for front and rear car camera and discovered that one motorcycle (FBG6406U) was signaling left trying to overtake my vehicle with another vehicle (SMF5867Y) that was on another lane turning with me by squeezing in between. I then decided to come to post to lodge a report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200205/2344

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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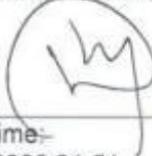
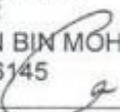
Report No. T/20200205/2344

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: J/ SC2 LAW JUN WEI, DARYL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time:- 05/02/2020 21:51
Officer In Charge Of Case: TR/HRT Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145 	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



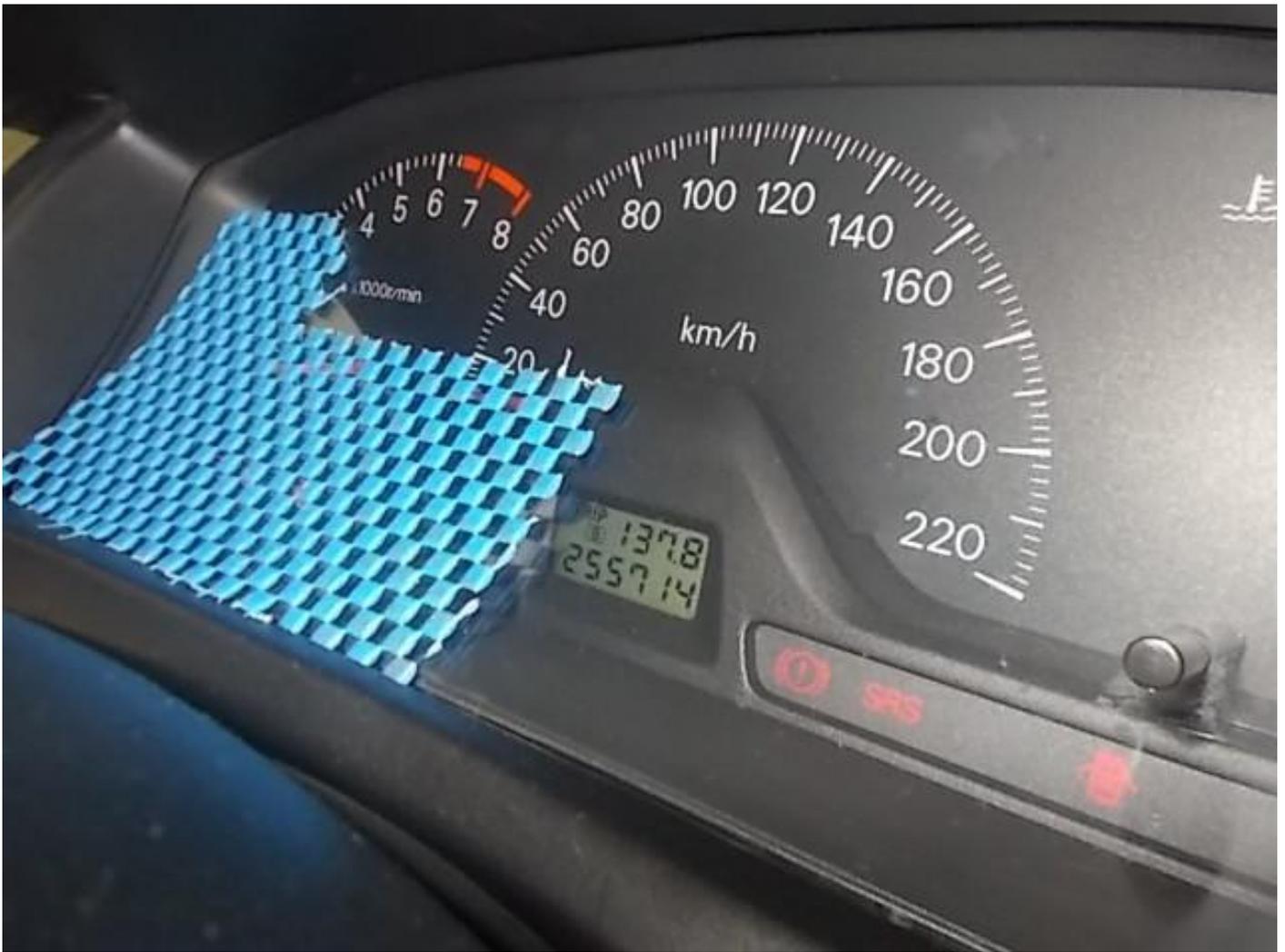
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Accident Photo



Accident Photo



Accident Photo

