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an : fn) n marring () also	I-Motor W/O (Within: 0	OD 2hrs, TP 4hrs)		
OD / P Reporting Only	i-Photo Uploaded			
	Assessment/Survey Rep			
TP Insurer:	Ass't Report by Fax / F	Hand to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (101.	Fax:	
TP Particulars: Veh No: 50	94564	NC()/Non-INC()		
Owner / Driver: (Tel:		
	Period: () Cover Type: (
Configured by a (Date:	The state of the s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Insured/Driver Liability: (%)	[Note-Est. Status (WO): 1	N: 0-20%; P: 21-79%. F: 80	-100%]	
Year of Registration: ()	Warranty: YES ()/NO	0()		
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per et in

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.

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

	ACCIDENT STATEMENT
Date Of Report	07/02/2020 17:21
Date Of Accident	06/02/2020 09:55
Exact Location Of Accident	ENTRANCE 1 OF SIM PICK-UP POINT
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD4099P
Insured/Policyholder	
Name Of Registered Owner	3N CHARTERED SERVICES
Co Reg No	5XXXX233J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	NOAH HYBRID 7-SEATER 1.8X CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5103008872-01
Cover Note Number	
Driver	
Name of Driver	TAN MING HAW
NRIC No	SXXXX576D
Date Of Birth	16/12/1969
Occupation	OUTDOOR
Date Of Driving Pass	29/05/2009

10 YEARS AND 8 MONTHS

(LOCAL) +65-96164357

OFFICE-96164357

MALE

NOEMAIL

BLK 244 HOUGANG STREET 22 Address

#07-131

530244 Postcode

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200207/2049.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJC9456A

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Page 2 of 17

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.
- 4 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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)
 - (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
- (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
- 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 Date & Time. Driver Senature

(If driver is not the policyholder)

Reporting Centre Personnel

Name:

NRIC/FIN No.:

	(Pick - up Point) /)	
Vehicle A. S	SM0 4099P	
	3JC 9456A	
	B	
RIBE CIRCUMSTANCES OF	OF THE ACCIDENT	
	- Refer to Police Report -	
	•	
ATION		
ATION lare und segoing particular steed segoing particular	ars are true in every respect.	<u> </u>

ACCIDENT STATEMENT

ACCIDENT DA	TE: (06 / 02 / 2020)(DD/MM/YYYY), TI	ME:(09: 55 HHH:MM)
LOCATION:		sim Pick-up	
1. DETAIL a)VEHI b)INSU c)POLI d)POLI e)MAK f)TYPE:	S OF VEHICLE CLE NUMBER: RANCE COMPANY: CY NUMBER: CY TYPE: (COMPREHENS E & MODEL: (SALOON / COUPE / ME) CLE CATEGORY: (PRIVAT	V /V AN / LORRY /	MOTORCYCLE/OTHERS) / MOTORCYCLE) - WOYK
IJ ARE Y IF NO 2. INSURE A) NAM	OU CLAIMING UNDER YOU , PLEASE STATE (THIRD PA D / POLICY HOLDER IE: 3N CHAYLE :/FIN/PASSPORT:	RTY CLAIM / REP.C	(MALE / FEMALE)
14 Ho of passonga DRIVER	FIN/PASSPORT:	19 HAW 36944576D	CONTACT: S (530244)
e)OCC f)YEAR 4. WAS D IF NO, 5. a)WEA b)ROA	E OF BIRTH: (6 / 12 EUPATION: (INDOOR / OL) S OF DRIVING EXPRERIEN RIVER AN EMPLOYEE C RELATIONSHIP OF THE THER CONDITION; (CLEAN D SURFACE: (DRY / WET /	OF THE INSURED OF THE	S COMPANY? (YES / NO) NSURED: OW WEY
7. a)REPC IF YES 8. THIRD P	PLEASE STATE WHICH PO ARTY VEHICLE	OLICE STATION:	MODEL:
(Induding driver) b) DR	IVER'S NAME:		CONTACT:
(UI) MAY THIRD P	ARTY VEHICLE HICLE NUMBER:		MODEL:
(Including driver) 1) NR	IC/FIN/PASSPORT:	.0	CONTACT

email =

fax =





1 of 3

Report No. T/20200207/2049

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

Date/Tim 07/02/20	e Report M 20 12:42	lade:	Vide Report No.:	Station Diary No.:		
Informar	nt's Particu	ulars	CHARLES THE RELEASE OF THE PARTY OF THE PART	SQUAL SPECIAL	Personal Property of the Party	
	Informant:		Address: APT BLK 244 HOUGANG ST 530244	REET 22 #0	07-131 SINGAPORE	
ID Type / ID No.: NRIC NO / S6944576D			Contact No.: Home/Office:	Mobile: 96164357		
Nationali			Email:			
Sex: Male	Age: 50	Date of Birth: 16/12/1969	Type of Informant: Driver	In atitution	/ School Name:	
Race: Chinese			Language: English	Institution	Institution / School Name:	
Occupat		RIVER	Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accide	nt la internation	Date/Time of	Type of Location	
Type of Accident:	Non-Injury Hit and Run	D.i. Accident		1,7,62.51.51	
Location: Along Road 1 CLEMENTI R	OAD	INT		10 and Limit	
vveaulei.		Road Surface: Dry		Road Speed Limit:	
Clear		Traffic Control:		raffic Volume:	
Type of Collis	ion:		a	Anyone conveyed by ambulance:	

Details of Vo	_	Make	Model	Color	Condition	No of Passenge
SJC9456A	Car					0
SMD4099P	Car					0



T/20200207/2049

2 of 3

Report No. T/20200207/2049

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

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location I was waiting inside my car at the SIM pickup point along Clementi road when the vehicle behind me came from the roundabout and collided onto the right rear bumper of my vehicle I then came out of my vehicle to confront the driver but he just drove off and left without exchanging his particulars with me subsequently I made a check and discovered that there was some scratches and dents on the rear right bottom of my vehicle bumper.

I proceeded to review the footage in my car and identified the vehicle that had collided onto my vehicle, which was a black color Mitsubishi car, bearing registration SJC9456A. Based on my camera footage, the accident occurred 2158 hrs.





3 of 3 Report No. T/20200207/2049

5

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

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 Informant: Signature Of Officer Recording The Report: TP/ BERNARD KOH REN JUN Date/Pime: Signature Of Interpreter: 07/02/2020 12:42 Not applicable Officer In Charge Of Case: Classification Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID SINGAPORE Contact No.: 65476145 POLICE FORCE Authentication Stamp NP168 Signature:

eBaoTech	300601	700	The state of the s				· Chang	e Language	· Chang	e Password	· Log Ou
My Desktop	Policy	Query									11.5
Notice of Loss	Policy No.					Date	of Accident	[9	6/02/2020 0	9:55	_
	Vehicle No.(For Motor)		SMD4099P		Certificate Number						
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 51	03008872- 01		3N CHARTERED SERVICES	533842331	GPC	drivo CLASSIC	SMD4099P	SMD4099P	17/08/2019	16/08/2020

olicy No.	5103008872-01	Policyholde Name	3N CHARTE		Policyholder NRIC	53384233J	
ertificate							
Address	BLK 244 #07-131 HOUGANG ST	REET 22 SI	NGAPORE 5302	244			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	15/08/2019	Effective Date	17/08/2019	9 00:00	Expiry Date	16/08/2020 23:5	9
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	1500	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young/Ir	nexperience Driver Excess
Agent	DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
Co- insurance Flag	No .						
Open Policy Info							
Certificate Info							
▽ Policy	holder Mailing Address					NVI 2	
Address 1	BLK 244 #07-131	Ad	dress 2	HOUGANG STREET	22	Address 3	SINGAPORE 530244
Address 4		Ad	dress Type	Singapore address		Post Code	530244
	07-131		lated Policy mber	5103008872-01			
Unit No.	07-131						
A STORES	ed Object: SMD4099P						
A STORES	ed Object: SMD4099P				Endorsemen		Endorsement Content

cident MT/1083462	C+02000072.03	Vehicle No.	SMD4099P	GST Registration No.	
1000	5103008872-01				
refreate No.			3	Policyholder NRIC	533842333
	3N CHARTERED SERVICES	Cover Type	drivo CLASSIC	Loading	0
	PRIVATE CAR INSURANCE	Contact No.(Office)		Contact No.(Home)	0
	0	Special Remark	35	eCode	No. V
nali Address		TCA	® No ⊜Yes	eCode Reason	
K	® No ○Yes		Carrier species	Private Hire	Yes
D Protection	No	NCD Entitlement(%)	***		
P Accident Details		TO DESCRIPTION OF THE PARTY OF	-	Accident Type	Hit and run
port Date	07/02/2020 17:31	Acadent Report Within 24 hrs	16		Singapore
te of Accident	06/02/2020	Time of Accident hitemm	00.00	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	ENTRANCE 1 OF SIM PICK-UP POINT				
7 Total Excess Applicable					
cess Type	Per Accident	Windscreen Excess	100.00		
100 May 1					
5 Standard Excess	2,000.00	TP Standard Excess	1,500.00		
ED OD Excess	500.00	YIED TP Excess		Driver is Covered?	
dditional Excess	1500				
otal OD Excess Applicable	4000.00	Total TP Excess Applicable			
₩ Benefits					
GST Registered Informa	ation				
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
odification History	07/02/2020 17:32:17 Syste	m changed GST Status Verified fro	am No to Yes		
Policyholder Mailing Ad	dress			V00000	SINGAPORE 530244
Address 1	BLK 244 #07-131	Address 2	HOUGANG STREET 22	Address 3	
Address 4		Address Type	Singapore address	Post Code	530244
Unit No.	07-131	Related Policy Number	5103006672-01		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	TAN HING HAW	Driver NRJC	5XXXX5760	Driver DOS	16/12/1969
Register Date of Driver License		Driver Age	50	Driving Experience	10
Contact No.(Mobile)	96164357	Contact No.(Office)	0	Contact No.(Home)	0
	BUX 244	Address 2	HOUGANG STREET 22	Address 3	SINGAPORE 530244
Address 1	00.511	Address Type	Singapore address	Post Code	530244
Address 4	07-131				
Unit No. Does he own a Singapore		Driver Vehicle No.		Oriver Insurer Company	
Registered car?	○ Yes ® No	Differ verifie in			
Declaration	5-11-6-0	United States	○ Yes ® No		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	018.6		
Modification History					
Claim 001 New					
HILL HARMAN STAN					
2002000	OD-MX V	Insured Name	3N CHARTERED SERVICES	Insured NRIC	533842333
Claim Type *	The state of the s	Contact No. (Home)		Contact No.(Office)	NIL
Contact No.(Mobile)		Of Vehicle Number	SMD4099P	TP Vehicle Number	S)C9456A
Email Address	Please Select	Type of Benefit *	Please Select		
Claimant Type Claimant Type	Please Select ≥≥	Claimant NRIC *			
White the bar black of the	22				M
Claimant Name *				Name of Preferred World	ahop
Calmant Address	CHILADOD (CARLEST OF C T-1 AND				
Claimant Address Claim Description	SMD4099P / \$3C945SA ON 6 Feb 2020	50000000000	No o too		
Calmant Address	SMD4099P / \$3C9455A ON 6 Feb 2020	Insured Liability *	Not at Fault	C14 more	Received
Claimant Address Claim Description Preferred Workshop Contact	SMD4099P / S)C9456A ON 6 Feb 2020 Yes	Preferend Repair Option	Not at Fault Preferred Workshop, Name unknown	GIA report	HECC140
Claimant Address Claim Description Preferred Workshop Contact No.			- Control Cont	GIA report Date Received	Received 07/02/2020 00:00
Claim Description Preferred Workshop Contact No. Require Finalisation	Yes V	Preferend Repair Option	- Control Cont		HECC140
Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Data Ragistered Report Taken By	Yes (7/02/2020 17:32	Preferend Repair Option	- Control Cont		The state of the s
Claimant Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	Yes (7/02/2020 17:32	Preferend Repair Option	- Control Cont		THE CONTRACTOR OF THE CONTRACT
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