

## 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	10/02/2020 14:03
Date Of Accident	10/02/2020 07:40
Exact Location Of Accident	BEDOK INDUSTRIAL PARK E (LOT 132)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM9788L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHYE HENG ORCHID GARDEN
Co Reg No	0XXXX700W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64490585

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER3SDEB (CBU)
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?	YES
If No, Please state action to be taken	
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	5067797321-05
Cover Note Number	

### Driver

Name of Driver	TEO HAN KEONG
NRIC No	SXXXX209G
Date Of Birth	19/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1989
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97769788
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 29 CHAI CHEE AVE #14-84
Postcode	460029
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	1
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT G/20200210/7012

### 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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOBILE EQUIPMENT
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**.
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.



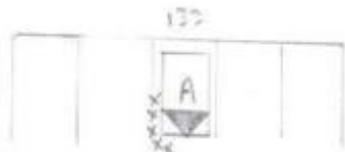
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



A: YM 7788L

B: Unknown

Bedok Industrial Park E (Lot 132)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

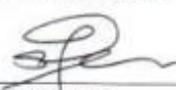
Refer to Police Report <sup>G</sup>71 20200210 / 7012.

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**



G/20200210/7012

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20200210/7012

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No:1800-2440000

Date/Time Report Made 10/02/2020 09:47	Vide Report No.	Station Diary No.
Name Of Informant TEO HAN KEONG	Address APT BLK 29 CHAI CHEE AVENUE #14-84 SINGAPORE 460029	
ID Type / ID No. NRIC NO / S7142209G	Contact No. Home/Office:	Mobile: 97769788
Nationality SINGAPORE CITIZEN	Email Address shaneteo@singnet.com.sg	
Occupation Flower/Orchid farm worker	Sex Male	Age 48
Institution/School Name	Date of Birth 19/11/1971	Race Chinese
Date/Time Of Incident 10/02/2020 03:00 - 10/02/2020 07:40	Location Of Incident BEDOK NORTH AVENUE 4	

**Brief details.**

on 10/02/2020 @3am, parked lorry YM9788L at Carpark Bedok Industrial Park E(Lot132) manage by G.Tech Pte Ltd...is a carpark for season parking only. Return to collect lorry on 10/02/2020 @7.40am, found out that the lorry front at driver side damage. The wind screen is cracked, side mirror broken, the light drop off and the front bumper damage. the driver side door not able to close and the accelerator is jam due to the hit. The lorry not able to move. No valuable was lost.

Subjects Involved	
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: 10/02/2020 09:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



G/20200210/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200210/7012

Victim			
Person Name	TEO HAN KEONG		
ID Type	NRIC NO	ID No	S7142209G
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	Flower/Orchid farm worker	Address Type	
Address	APT BLK 29 CHAI CHEE AVENUE #14-84 SINGAPORE 460029	Mobile No	97769788
Is Informant A Victim?	Yes		
Person Name	TEO HAN KEONG (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: 10/02/2020 09:47
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

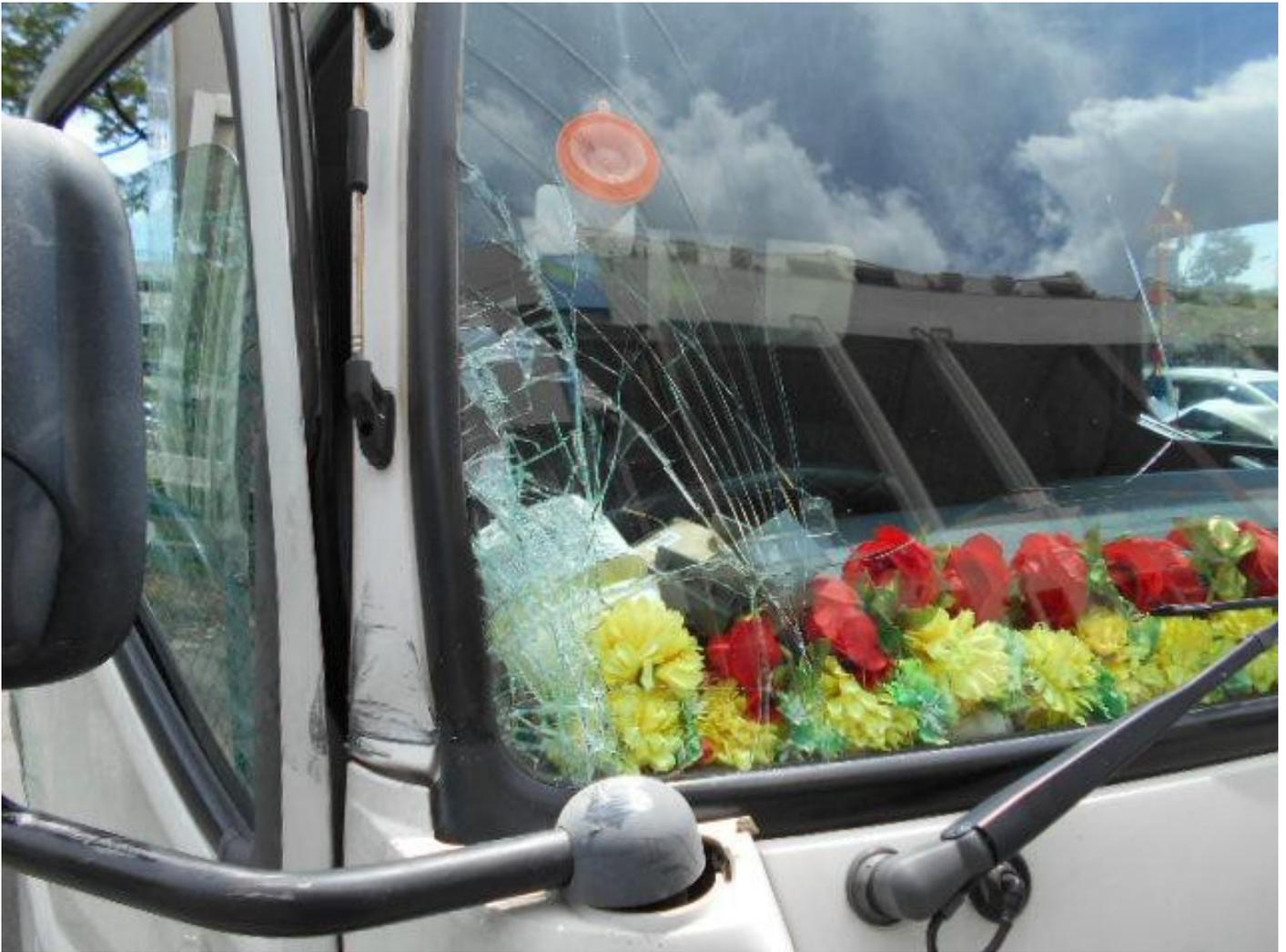
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

