#### 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	20/02/2020 17:31
Date Of Accident	19/02/2020 20:15
Exact Location Of Accident	69 SYED ALWI RD
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS3314U
Insured/Policyholder	
Name Of Registered Owner	TAN BEE PENG
NRIC No	SXXXX072J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97422898
Alternative Phone No	OFFICE-97422898
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E 250CGI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5114478844
Cover Note Number	
Driver	
Name of Driver	TAN BEE PENG (CHEN MEIBING)
NDIC No.	SYYYY072 I

NRIC No SXXXX072J
Date Of Birth 15/08/1977
Occupation INDOOR
Date Of Driving Pass 09/11/2016

Driving Experience 3 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97422898

Fax Number

Contact Number OFFICE-97422898

EMail Address NOEMAIL

**BLK 675C YISHUN AVENUE 4** Address

#07-804

Postcode 763675

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

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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 0

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name **EUNOS NEIGHBOURHOOD POLICE POST** 

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: Police Station Address

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200220/2111.

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** 

**GBG5606J** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 22

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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 the purpose(s).
  - 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:
  - 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 PessonneVs Signature

Name:

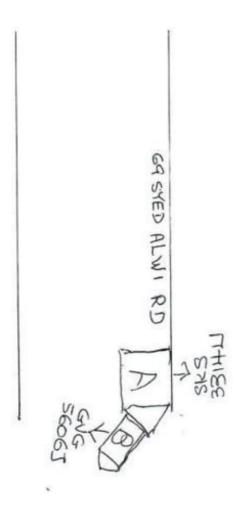
NRIC/FIN No.:

## **Accident Sketch Plan**

KETCH PLAN		
		h Pkn
	Redr to attached sket	P 120
ESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT	
Rodor to patro	+ port-7/20200000/2111.	
12 1-15	7-1-11	
ECLARATION	Souther are to a la many respect	
we declare the foregoing part	ticulars are true in every respect.	
/ JX		
1//		M
olicyholder's Signature ate & Time:	Driver's Signature Report (If driver is not the policyholder) Name:	ing Centre Personnel's Signature
ate & time.	Date & Time: NRIC/F	IN No.:

GIARMC SketchPlanForm\_V3

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## Police Report





Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999

1 of 3

Report No. T/20200220/2111

## REPORT OF A TRAFFIC ACCIDENT

20/02/202	e Report N 20 16:18	fade:	Vide Report No.: A/20200219/0098	Station Diary No.: 11		
Informan	t's Particu	ulars	MINISTER BEAUTIFUL TO THE PARTY OF THE PARTY	CHIP SHEET SHEET LAND		
Name of Informant: TAN BEE PENG			Address: APT BLK 675C YISHUN AVENUE 4 #07-804 SINGAPORE 763675			
ID Type / ID No.: NRIC NO / S7722072J			Contact No.: Home/Office: Mobile: 97422898			
Nationality SINGAPO	y: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Female 42 15/08/1977		THE RESERVE OF THE PROPERTY OF	Type of Informant: Vehicle Owner			
Race: Chinese			Language:	Institution / School Name:		
Occupation: COMPANY DIRECTOR		TOR	Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/02/2020 20:15	Type of Location: Straight Road	
Location: Along Road 1 SYED ALWI I		Road Surface:		Road Speed Limit:	
Clear		Dry			
Oldai		Traffic Control:		Traffic Volume: Moderate	
Traffic Flow: One Way		Not Controlled		Moderate	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBG5606J	Lorry	TOYOTA				0
SKS3314U	Car	MERCEDES BENZ		White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

#### **Police Report**



2 of 3

Report No. T/20200220/2111

Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

CONTINUATION OF REPORT

Vehicle Owner		THE RESERVE OF THE PARTY OF THE		ID No.		S7722072J
Name	TAN BEE PENG		ID No.		OTTEEU. EU	
Related Vehicle	SKS3314U (Car)		Conta	ct No.	97422898	
	AIII		15.0	Class	of	Class: 3
Hospital/Clinic	NIL			Drivin Licent Expiry	e &	Date of Expiry: NIL
Data Tasatment	NIL		Date Disc	charge	NIL	
Date Treatment	ted Medical Leave	NIL	Degree o		NIL	

On 19/02/2020 at 2019hrs, I parked my vehicle SKS3314U at 69, Syed Alwi Road, parallel parking lot. I then went to the front left passenger's door to take some item. Suddenly, I heard a loud bang and my vehicle was shaking. I then discovered that a lorry GBG5606J has hit my vehicle. I wanted to give chase however I was unable to stop the driver from driving off.

As such, I called for the police. The police attended to me and advised me to lodge a report. I wish to state that the damages that occurred to my vehicle was scratches to the front bumper. I wish to also state that I sprained my left ankle from chasing the lorry and bruises on the right knuckle and wrist from hitting the lorry to alert the driver to make a stop.

I am lodging this report for police assistance.

## **Police Report**





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

3 of 3 Report No. T/20200220/2111

CONTINUATION OF REPORT

## Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:	55474885 stating the report number as reference.
G/	Signature Of Informant:
Sgt 1 NORISHAM BIN KAMIZAN	
Signature Of Interpreter:	Date/Time:
Not applicable	20/02/2020 16:18
Officer In Charge Of Case:	Olevit, the same
TP/GIT/	Classification Of Case:
Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have























