

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	24/02/2020 12:24
Date Of Accident	23/02/2020 10:00
Exact Location Of Accident	BLK 10 OSCP LOT 15 OR 16 BESIDE HANDICAP LOT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH9488S
Insured/Policyholder	
Name Of Registered Owner	TAN LI NING, GERMAINE
NRIC No	SXXXX333I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96738531
Alternative Phone No	OTHERS-96738531

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113650315 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	GOH CHOON MENG KENNY (WU CHUNMING KENNY)
NRIC No	SXXXX221H
Date Of Birth	04/12/1974
Occupation	OUTDOOR
Date Of Driving Pass	15/06/1994
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92300212
Fax Number	
Contact Number	OTHERS-92300212
Email Address	KENNY_0412@YAHOO.COM

Address 11B TESSENSOHN ROAD
Postcode 217648
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SPOUSE
Vehicle Registration Number of Driver's Own Vehicle -
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 ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20200223/2027 ATTACHED.

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 GBH6495A
Vehicle Make/Model/Colour TOYOTA DYNA
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

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

24 FEB 2020



Sketch Plan #2 Pg. 1

SKETCH PLAN



A-SGH 94885

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

24 FEB 2020

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.:





**SINGAPORE
POLICE FORCE**



T/20200223/2027

1 of 3

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20200223/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/02/2020 12:07	Vide Report No.: A/20200223/0079	Station Diary No.: 62
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Informant's Particulars

Name of Informant: GOH CHOON MENG KENNY		Address: 11B TESSENSOHN ROAD SINGAPORE 217648	
ID Type / ID No.: NRIC NO / S7444221H		Contact No.: Home/Office: Mobile: 92300212	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 04/12/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: PRIVATE HIRE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/02/2020 10:00	Type of Location: Car Park
Location: Along Road 1 NORTH BRIDGE ROAD BLOCK 10 OPEN SPACE CARPARK LOT 15 OR 16 BESIDE HANDICAP LOT.			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH9488S	Car	HONDA		Black	Slightly Damaged	0
	Lorry					0

Details of Person Involved

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



SINGAPORE
POLICE FORCE



T/20200223/2027

2 of 3

Police Station Of Origin:
Rohor N.P.C
11 Kampung Kepor Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20200223/2027

CONTINUATION OF REPORT

Driver			
Name	GOH CHOON MENG KENNY		ID No. S7444221H
Related Vehicle	SGH9488S (Car)		Contact No. 92300212
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

Today, at about 0900hrs, I parked my vehicle at the said carpark and left for my meals, at about 1015hrs, I came back to my vehicle and discovered that my vehicle front left bumper was dislodged and left hanging loose. I then called for police assistance. Traffic police came and made some enquiry at the vicinity and managed to secured one eye witness at the scene. I was advised by the police officer to make a traffic accident report.



SINGAPORE
POLICE FORCE



T/20200223/2027

3 of 3

Police Station Of Origin:
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11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20200223/2027

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:

A /

Sr Staff Sgt LIM CHIN MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/02/2020 12:07

Officer In Charge Of Case:

TP / HRT /

SI NOR AFFENDY BIN JAFFAR

Contact No.: 65476209

Classification Of Case:

Authentication Stamp
NP168

