

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	28/02/2020 15:56
Date Of Accident	27/02/2020 10:10
Exact Location Of Accident	AT UBI AVENUE 1 CP LOT 38
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP9119U .
Insured/Policyholder	
Name Of Registered Owner	ANDY TAN JIAWEI
NRIC No	SXXXX990Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88000863
Alternative Phone No	OTHERS-88000863

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180K

Exact Purpose for which vehicle was being used at time of accident

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	5111939224
Cover Note Number	

Driver

Name of Driver	ANDY TAN JIAWEI
NRIC No	SXXXX990Z
Date Of Birth	04/04/1995
Occupation	INDOOR
Date Of Driving Pass	27/07/2015
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88000863
Fax Number	
Contact Number	OTHERS-88000863
E-Mail Address	NOEMAIL

Address	BLK 190 #14-297 PUNGGOL CENTRAL
Postcode	820190
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	COLLIDED INTO PARKED VEHICLE
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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8486999 - FAX NO: 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20200228/2000

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	SME8295H
Vehicle Make/Model/Colour	TOYOTA / LAND CRUISER PRADO 2.7 TX-L AUTO
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 lodging 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/are 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 used 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:

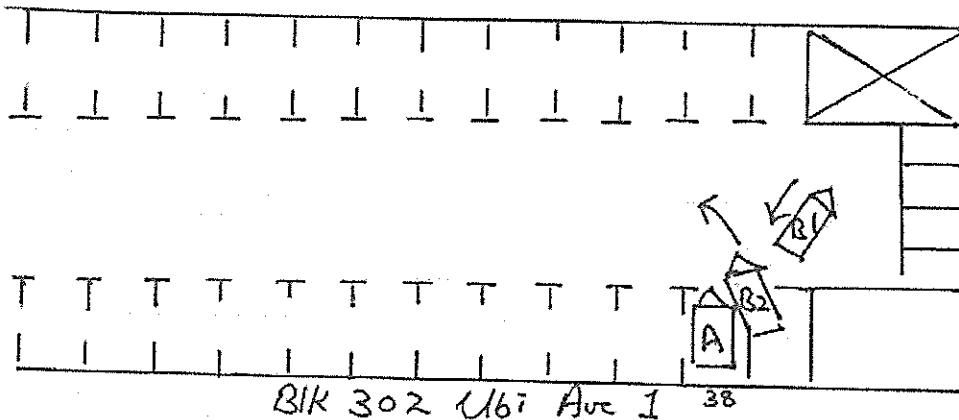
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@idac.com.sg

Reporting Centre Personnel's Signature
Name:
ARIC/FIN No. 28 FEB 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Report No:-

T/20200228/2000

[Signature]

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vac@telecom.com.sg

Reporting Centre Personnel's Signature
Name: 26 Feb 2000
SAC/RY 115:

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20200228/2000

Police Station Of Origin:
Geylang N.P.C
1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

1 of 3

Report No: T/20200228/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2020 00:04		Vide Report No:		Station Diary No.: 1	
Informant's Particulars					
Name of Informant: ANDY TAN JIAWEI			Address: APT BLK 190 PUNGGOL CENTRAL #14-297 SINGAPORE 820190		
ID Type / ID No.: NRIC NO / S9510990Z			Contact No.: Home/Office: Mobile: 88000863		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 04/04/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CAR SALES EXECUTIVE			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: 27/02/2020 08:00	Type of Location: Car Park
Location: Along Road 1 UBI AVENUE 1 PARKING LOT 38 at B/302 Ubi Avenue 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMP9119U	Car	MERCEDES BENZ	C180K	Silver	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMP9119U	NTUC Income Insurance Co-Operative Limited	5111939224	15/08/2019	14/08/2020

Accident Sketch Plan



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Tel No: 1800-8486999

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Report No: T/20200228/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANDY TAN JIAWEI	ID No.	S9510990Z
Related Vehicle	NIL	Contact No.	88000863
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.

On 27/02/2020 at about 8am, I did parked my vehicle SMP9119U Mercedes/Blue at Ubi Avenue 1 carpark lot 38. After parking my vehicle I made a checked on the surrounding and it was in good condition. After checking, I then proceed to my working placed which located at N0.61 Ubi Ave 2(Jack Cars).

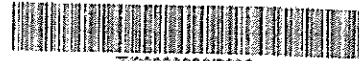
Same day at about 7pm I end my working shift and I heading back to the carpark where I had parked my vehicle earlier on together with my working colleague. At about 8pm, I arrived at the said carpark and my friend spotted that my right front bumper got damaged.

Immediately I went to my car and track back my in car camera footage to check if there is any leads on the damages. At about 10:12am, there was one vehicle SME8295H Toyota/Black seen reversing to "No Parking" lot. The vehicle was then seen heading out from the lot and making a left turn, however the left side of the vehicle had hit on my from right bumper. Due to the impact there was a hit sound and my car was shaking that was seen on my in car camera footage. The footage also captured that the driver wearing a white short sleeve shirt stepped out from the vehicle to take a look on my vehicle.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20200228/2000

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1 Cassia Link SINGAPORE 397618
Tel No: 1800-8486999

3 of 3

Report No: T/20200228/2000

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: G / Sgt 3 MUHAMMAD DJAMADIL BIN SIDIK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2020 00:04
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN JAFFAR Contact No.: 65476209	Classification Of Case:
Authentication NP168 SINGAPORE POLICE FORCE SIGNATURE	