

## 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	10/03/2020 11:51
Date Of Accident	09/03/2020 12:10
Exact Location Of Accident	456 ALEXANDRA RD #02 FRAGRANCE EMPIRE BLDG(119962)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7180Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAY TING WEI KENNETH
NRIC No	SXXXX074C
Email Address	TTW.KENNETH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85002352
Alternative Phone No	OTHERS-85002352

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER MIVEC GLS
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113712623
Cover Note Number	

### Driver

Name of Driver	TAY TING WEI KENNETH
NRIC No	SXXXX074C
Date Of Birth	29/01/1995
Occupation	INDOOR
Date Of Driving Pass	12/09/2014
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85002352
Fax Number	
Contact Number	OTHERS-85002352
EEmail Address	TTW.KENNETH@GMAIL.COM

Address	BLK 116 JALAN BUKIT MERAH #06-1639
Postcode	160116
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	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	CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7740000 - <b>FAX NO:</b> 67741705
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20200309/7012

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG6766Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JASON KANESAN
NRIC/Passport Number	SXXXX438H
Contact Number	92714972
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 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:

10/03/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TO POLICE REPORT 01/2020 0309/7012

[The remaining lines of the form are crossed out with a large blue diagonal line.]

### DECLARATION

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

Policyholder's Signature:

Date & Time: 10/3/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



1 of 2

## Report No. D/20200309/7012

Date/Time Report Made 09/03/2020 14:38	Vide Report No.	Station Diary No.
Name Of Informant TAY TING WEI KENNETH	Address APT BLK 116 JALAN BUKIT MERAH #06-1639 SINGAPORE 160116	
ID Type / ID No. NRIC NO / S9549074C	Contact No. Home/Office:                      Mobile: 85002352	
Nationality SINGAPORE CITIZEN	Email Address ttw.kenneth@gmail.com	
Occupation Salesperson (door-to-door)	Sex Male	Age 25
Institution/School Name	Date of Birth 29/01/1995	Race Chinese
Date/Time Of Incident 09/03/2020 12:00 - 09/03/2020 12:30	Location Of Incident 456 ALEXANDRA ROAD #02 FRAGRANCE EMPIRE BUILDING SINGAPORE 119962	

On 9.3.2020, 1300hrs, I found out my vehicle has been knocked, resulting my front bumper to be chipped and scratched. The person who hit my car is Jason Kanesan, S0190438H, whom also left a note notifying me of the accident. Based on my 24hr Carcam, he hit my car at around 1207hrs. I have contacted him and he admitted while reversing his vehicle, GBG6766Z, he did hit my vehicle, SJS7180Z causing my front bumper to be chipped and scratched.

Classification Of Case:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20200309/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200309/7012

Subjects Involved			
Victim			
Person Name	TAY TING WEI KENNETH		
ID Type	NRIC NO	ID No	S9549074C
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Salesperson (door-to-door)	Address Type	
Address	APT BLK 116 JALAN BUKIT MERAH #06-1639 SINGAPORE 160116		Mobile No 85002352
Is Informant A Victim?	Yes		
Person Name	TAY TING WEI KENNETH (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: 09/03/2020 14:38
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



Accident Photo

