

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	07/04/2020 17:57
Date Of Accident	06/04/2020 21:00
Exact Location Of Accident	PAYA LEBAR SQUARE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN630C
Insured/Policyholder	
Name Of Registered Owner	GIAN BEE GUEK
NRIC No	SXXXX166A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90032233
Alternative Phone No	OFFICE-90032233

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5102298149-01
Cover Note Number	

Driver

Name of Driver	GIAN BEE GUEK
NRIC No	SXXXX166A
Date Of Birth	22/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1983
Driving Experience	36 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90032233
Fax Number	
Contact Number	OFFICE-90032233
Email Address	NOEMAIL

Address	BLK 2D UPPER BOON KENG RD #13-660
Postcode	384002
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?	
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	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT A/20200406/2090

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	SLB860G
Vehicle Make/Model/Colour	
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 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 = SKN 530 C
B = SLB 850 G.

BackDoor

Paya Lebar Square carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report A/2020 0406/2090.

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**



A/20200406/2090

1 of 2

POLICE REPORT (NP299)

Report No. A/20200406/2090

Police Station Of Origin
Kolam Ayer NPP
72 Geylang Bahru #01-3038 SINGAPORE
330072
Tel No: 1800-2969999

Date/Time Report Made 06/04/2020 22:12	Vide Report No.	Station Diary No. 59
Name Of Informant TAN HUI PING	Address APT BLK 2D UPPER BOON KENG ROAD #13-660 SINGAPORE 384002	
ID Type / ID No. NRIC NO / S8931913G	Contact No. Home/Office	Mobile 90031888
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB-DRIVER	Sex Female	Age 30
Institution/School Name	Date of Birth 15/09/1989	Race Chinese
Date/Time Of Incident 06/04/2020 09:00	Location Of Incident 60 PAYA LEBAR ROAD PAYA LEBAR SQUARE SINGAPORE 409051 Shopping Mall, Car-Park, Level 2	

Brief details.

On 06/04/2020, at about 1945hrs, I parked my vehicle (White, Hyundai Avante, SKN630C) at Paya Lebar Square mall carpark level 2, and went to have my dinner.

At about 2100hrs, when I came back to my car, I saw couple loading their boot of their vehicle (Toyota Corola Altis, Plate number: SLB860G). Their left rear door was also open before I came. I then realised

Signature Of Officer Recording The Report:

A / Sgt 2 THEVANAND SHIVASANKER

Signature Of Informant:

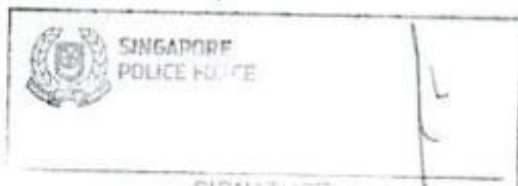
Signature Of Interpreter:
Not applicable

Date/Time:
06/04/2020 22:12

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp LIM SING HUI
Contact No.: 65575076

Classification Of Case:

Authentication Stamp



POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20200406/2090

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200406/2090

that their door have touched my right rear passenger seat. I saw visible scratched on the area it touched.

When I confronted the couple, initially they were rude and unapologetic. Then after the guy said sorry to me. However the lady was showed rude and un-sincere gestures. I then informed them that they have to be sincere in their apology as it is their fault. The guy then told me to bang back his car if I was not happy.

I then went back to my right rear door, opened it and bang his left rear door which caused some scratches. The guy then went to take a look at the damage of his car, then told me that it okay and it is just a car. He also further asked if I was happy. I then inform him that the issue is settled. We then apart.

I then stayed awhile and waited for his vehicle to move off to take note of his number plate. However he did not move off. I then parked at the other side and waited for him to move off. His car plate number is SLB860G.

I am making this to report that state I only banged his car back because he told me to do so. I do not want to pursue this matter. I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

A / Sgt 2 THEVANAND SHIVASANKER

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
A / Central Police Divisional Investigation Branch /
Insp LIM SING HUI
Contact No.: 65575076

Authentication Stamp

Signature Of Informant:

Date/Time:
06/04/2020 22:12

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



