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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 wiful 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.
- 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.
- 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	23/04/2020 17:18
Date Of Accident	22/04/2020 19:50
Exact Location Of Accident	BLK 28 DOVER CRESCENT MULTI STOREY CARPARK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMP8665R
Insured/Policyholder	
Name Of Registered Owner	TAN HOCK CHUAN
NRIC No	SXXXX519B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97727944
Alternative Phone No	OTHERS-97727944
Vehicle Particulars	
Manufacturer	тоуота
Model	VIOS
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113238006
Cover Note Number	
Driver	
Name of Driver	TAN HOCK CHUAN
NRIC No	SXXXX519B
Date Of Birth	04/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1978
Driving Experience	42 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97727944
Fax Number	
Contact Number	OTHERS-97727944

NOEMAIL

Address

BLK 28C DOVER CRESCENT

#19-57

Postcode

133028

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?

Number of vehicles (including own vehicle)

NO 2

involved in the accident

NO

Was any body injured in the Accident?

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

ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7740000 - FAX NO: 67741705

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20200423/7010

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLL2063A

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)

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- 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 faise 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:
 - 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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signat

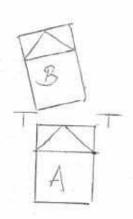
Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:

A) SMP8665R B) SLL 2063A

BIK 28 DOUBL CRASCHUT MULTI-STORMY



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AP	IER POLICE REPORT.
	0/20200423/70/0
2.4205 2.5	
RATION	

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:

Name:

NRIC/FIN No.:

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 1. Please report correctly the details of the socident to space up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as institutional accurate as possible. Any withit misropresentation or witholding of material facts may allow insurance compenses to 4. The issue and acceptance of this Form by insurance companies is not an edmission 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 Insurence Association of Singapore (GIA) for 7. By the lodgement of this report to the insurers, you hereby research to the insurers, you hereby research to the insurers, you hereby research to the insurers.
- port being made available

alorezgid.	o we make as, you hereby consent to the archiving of this report at the centre and to copies of the rej
	ACCIDIENT STATEMENT
Date Of Report 25	04 20
Date Of Accident 22	04 20
Exact Location Of Accident	54C 28 SOVER CLERC WECP
Country/State of Loss	
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	1 SMP8665R
Insured/Policyholder	
Name Of Registered Owner	TAX HOCK CHUARI
Co Reg No	v ve v se v s
Email Address	
Mobile Phone No	97727944
Alternative Phone No	STATE PARTY AND ADDRESS.
Vehicle Particulars	Brown and a second
Manufacturer 7	9407A
Model -	F/ -108.
Exact Purpose for which veh time of accident	elicle was being used at PARKED AT HUME.
Are you claiming under your for repair to your vehicle?	own insurance policy ACO
If No, Please state action to	betaken CCAIM THIRD FARTY
Vehicle Category	- = an are types y
Insurance Company	MTUE-
Name of Insurance Company	/
Type Of Coverage	DRIVO CLASSIC.
Fleet Policy	211223 DESE
Policy Number	5/13238006
Cover Nate Number	2
Drivar	AS OWNER.
Name of Driver	
NRIC No	·50557519B
Date Of Birth	04.05 1953-
Occupation	04 05 1953 - PTE HIRE DRIVER.
Date Of Driving Pass	
Driving Experience	0/03 78.
Gender	MALE.
Mobile Number	anteners from the second
Fax Number	

Address Postcode Was driver an employee of the Insured's Company OWNER BRIVING If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own Vehicle Insurance Company of Driver's Own Vehicle General Information of the Accident Type Of Accident Weather Conditions Road Surface Other Information Was any foreign vehicle involved in this eccident? Was any body injured in the Accident? Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance. Number of Passengers (Including Driver) Details of Police Action Was the accident reported to the police? If Yes, Please state which Police Station Was notice of Intended Prosecution given? If Yes, against whom? Circumstances of Accident PLEASE REFER TO SKETCH PLAN Attachment(s) Are accident photos available for attachment? Was there any video captured by Car Camera? Remarks/ Reasons: DETAILS OF OTHER VEHICLE PROPERTY I Vehicle Registration Number SCL 2063A Vehicle Make/Model/Colour Details Of Properties Name of Driver NRIC/Passport Number Contact Number Address Postcode

AS PER POLICE KEPORT. P/20200422/7010

Insurance Company Name Nature Of Damage

Datalla of Witness

Phone Number Email Address

Name

No. Of Passenger (Including Driver)





D/20200423/7010

1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Clementi Division HQ 20 Clementi Avenue 5 SINGAPORE 129858 Tel No:1800-7740000

Report No. D/20200423/7010

Date/Time Report Made 23/04/2020 13:13	Vide Report No.		Station Diary No.	
Name Of Informant TAN HOCK CHUAN	Address			HO 67 SINGADORE
CONTROL ASSESSMENT OF THE PROPERTY OF THE PROP	APT BLK 28C DOVER CRESCENT #19-57 SINGAPO 133028			
ID Type / ID No. NRIC NO / S0557519B	Contact No. Home/Office: Mobile		Mobile: 97727944	
Nationality SINGAPORE CITIZEN	Email Address jolette14@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
GRAB DRIVER	Male 66		04/05/1953	Chinese
Institution/School Name	Language English			ioninoso.
Date/Time Of Incident 22/04/2020 19:50 - 22/04/2020 19:55	Location Of Incident 28 Dover Crescent MSCP Deck 6A			
Brief details.	100000	- Dicoount	MOO! DECK DA	

On 22 April 2020 at or about 1930 hrs, I knocked off from work and parked my vehicle (SMP 8665R) at Level 6A of Blk 28 Dover Crescent Multi-Storey Car Park. On 23 April 2020 at or about 0800 hrs, I returned to the MSCP and discovered that the front bumper of my vehicle sustained scratches and is slightly dislodged.

After making a check on my in-car camera and going through the footages, it was revealed that on 22 April 2020 at or about 1953 hrs, one vehicle bearing vehicle plate number

Signature Of Officer Recording The Report:	Signature Of Informant:			
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.			
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2020 13:13			
Officer In-Charge Of Case:	Classification Of Case:			
Authentication Stamp				





2 of 3

POLICE REPORT (NP299)

Subjects Involved

CONTINUATION OF REPORT

Report No. D/20200423/7010

SLL 2063A drove pass my stationary vehicle and stopped. The vehicle then reversed and hit onto the front bumper of my vehicle, before driving away.

The driver of the vehicle SLL 2063A was not seen to have alighted from the vehicle. I have retained the footages that captured the incident.

As such, i am lodging this report for traffic police to launch investigations against the vehicle for a case of Hit & Run.

Suspect					
Person Name	Vehicle- SLL 2063A				
Gender	Unknown				
Victim					
Person Name	TAN HOCK CHUAN				
ID Type	NRIC NO	IDI	le.	Programme	
Gender	Male	Age		S0557519B	
Race	Chinese			66	
Occupation	GRAB DRIVER		guage	English	
Address	APT BLK 28C DOVER CRESCENT #19-57 SINGAPORE 133028	Address Type Mobile No		97727944	
Is Informant A Victim?	Yes				
Not applicable	cer Recording The Report:		report h	re Of Informant: ntity of the person making this as been authenticated by ss. No signature is required.	
Signature Of Interpreter: Not applicable			Date/Time: 23/04/2020 13:13		
Officer In-Charge Of Case:			Classific	cation Of Case:	
Authentication Sta	amp				





3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20200423/7010

Person Name	TAN HOCK CHUAN (Informant)	

Signature Of Informant: The identity of the person making this report has been authenticated by Signature Of Officer Recording The Report: Not applicable SingPass. No signature is required. Signature Of Interpreter: Date/Time: Not applicable 23/04/2020 13:13 Officer In-Charge Of Case: Classification Of Case:

Authentication Stamp

Claim Handling Accident MY/1091797 CST Regulation No. 5313239009 VWHER NO. SPHEESE. Cartificate for 005575198 Poscynoider Name TAN HOCK CHURN Puncturider NRIC Lability Product Crobs MINATE CAR THIS VIOLANCE Cover Type arres CLASSIC Contact No.(Home) Contact No.(Office) Contact No (Mopile) 97727944 EMAIL ADDRESS Special Remark eCode. No.7 eDade Anaryot in No. 166 Hitrale Hire NOD Entitlement(%) NCD Profession. No TACCIDENT Details. Auditent Report Witten 24 rus Accident Type int and ruli Report Date 23/04/2029 17:56 Country of Accident Singapore Time of Accident tits min-Date of Assistant 22/04/2020 19-10 Grange Firms SCM No. Accident Location WAS DESIGNED CRESCENT MULTI STOREY CARRADA Total Excess Applicable Escara Type Per Accident Windstreiet Excess 130.00 TP Standard Excess 1,500.00 CO Standard France 2,000,00 Drover is Decembe? Devered YIED THE EVENING 0.90 YIED OD EWNER 9.100 ANDBURE Excess Total DC Esseve Applicable Tutud TP Excess Applicable 1.500.00 Benefita GST Registration Date GST Registered GST Registration No. GET Status Weetlad WAR Rodficators History Policyholder Malling Address STREET, THESE Appress 1 BUILDING #15-57 Automis 2 DOVER CRESCENT Address 2 Address Type Simpleone address Front Clade 5.53029 Address 9 Related Policy Number 3113239000 Onit bo. . Of Driver Info Main Driver TAM HOCK CHUAN Delan Tape Driver DOS 04/85/1953 Unnamed driver Name Driver WALC 2022522100 Driving Experience 20 Driver Age Register Date of Oneir Liomae nt/91/2000 Consact No. (Home) Contact Ne (Mobile) 92722944 Contact No.(Office) SINGAPURE 199826 DOVER CHESCENT Address 2 Appress I BUK 29C #19-57 address 3 Frat Cope 133028 Address Type Singapore address Appress 4 Line No. white Closs he own a Singapore Registered car? Denear Valvicle No. gw/mense. Driver Insurer Company Yes - No Seadharyser or Mont Test Reading? Any intervit Yes y No Modification History Claim 001 Nxm Indured WRIC 00-MX * Designed TAN HOCK CHUAN 805575198 Claim Tape * 97727944 65709172 Contact No (Hemis) Email Address. HOCKCHUMBSSOCHALL.COM Vehicle STAFFSSESS BUSINESA EHP9663R / SLL2063A ON X2 Apr 2020 Claim Description | Insured Cability | foot of Paul: | Property | Property | | Preferred Workshap Bensee to: Yes Finalization TREPORT RECEIVED Preferred Workshop, Name unkn 23/54/2020 17:19 Date Registered BARRAW LJ85W Record Taken By Print AK letter Sove Diment Attachment HT/1001797 Accident No. 23/04/2020 18:01 Last Disc. Received T. Yes: TO No. Ophian Date Witness . Path v Category # + horma * | NO Plainte Schot Choose File No file chosen Clear Y NO * Normal . Clear Please Select Choose Fire No Sie chosen * 100 . Piormal Choose File | No Sie chosen Clear Please Select + 100 * Clear Please Select Choose File No file chosen * | Y4G e hormal 7 Choose File No file chosen Char Place Send * N5 * Normal • Cker Pinews Select Choose File: No file chosen Sent Ner Message Read T Attachment List

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Description

Photos 2020-4-23

Attachment

Uploaded By/Trate

MAC_BURIT_MERAH_BOXONU NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) ON 23 APR 2020 18:01

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. eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Palicy No. Date of Accident 22/04/2020 09:07 Vehicle No.(For Motor) SMP8665R Certificate Number Search Certificate Number Policyholder Name Select Policy No. Policyholder NRIC Vehicle No. Insured Object Product Cover Type Commence Date Expiry Date TAN HOCK 5113238006 505575198 drivo. CLASSIC GPC SMP8665R SMP8665R 18/10/2019 17/10/2020 CHUAN

Continue