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 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.**
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	12/05/2020 13:20
Date Of Accident	11/05/2020 14:00
Exact Location Of Accident	138 LOR AH SOO CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLK6901K
Insured/Policyholder	
Name Of Registered Owner	GOH SENG TONG
NRIC No	SXXXX089G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98590451
Alternative Phone No	OFFICE-98590451
Vehicle Particulars	
Manufacturer	CITROEN
Model	RAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R
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?	YES
If No, Please state action to be taken	
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	5115470128
Cover Note Number	
Driver	
Name of Driver	GOH SENG TONG
NRIC No	SXXXX089G
Date Of Birth	16/11/1972
Occupation	INDOOR
Date Of Driving Pass	18/10/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98590451
Fax Number	
Contact Number	OFFICE-98590451
EMail Address	NOEMAIL

Address	BLK 138 LOR AH SOO #10-105
Postcode	530138
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	1
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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	**ROAD**: 51 ANG MO KIO AVENUE 9 , **POSTCODE:** 569929 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2180000 - **FAX NO**: 64814246
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT F/20200512/7001

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	
Vehicle Make/Model/Colour	ROCK/CEMENT
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

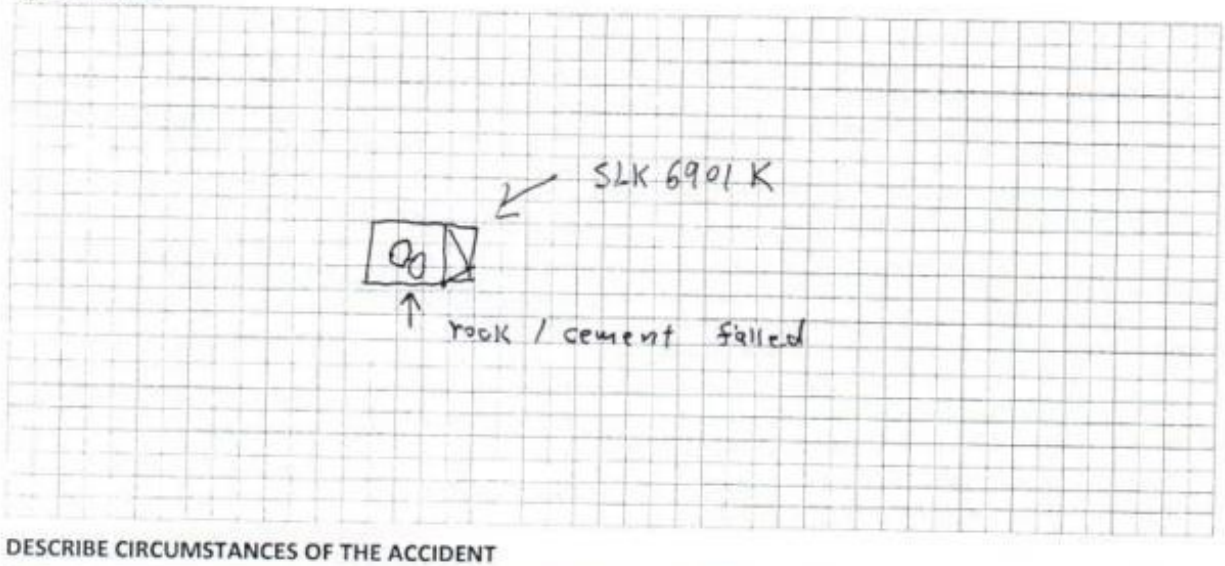
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 12/3/20. 1145	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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT NP299 AS ATTACHED.
F/20200512/7001

DECLARATION

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

Policyholder's Signature
Date & Time: 12/5/20 1145

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

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

GIAMIC SketchPlanForm_V3

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SINGAPORE POLICE FORCE

F/20200512/7001

POLICE REPORT (NP299)

Report No. F/20200512/7001

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made	Vide Report No.	Station Diary No.
12/05/2020 00:23		

Name Of Informant DONNA YEO YEE PHENG	Address APT BLK 138 LORONG AH SOO #10-105 SINGAPORE 530138			
ID Type / ID No. NRIC NO / S7316332C	Contact No. Home/Office: Mobile: 98590451			
Nationality SINGAPORE CITIZEN	Email Address dyeo.shb@gmail.com			
Occupation Project exec	Sex Female	Age 46	Date of Birth 13/05/1973	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 11/05/2020 09:00 - 11/05/2020 14:00	Location Of Incident APT BLK 138 LORONG AH SOO #10-105 SINGAPORE 530138			

Brief details.

Police called us this afternoon ard 2pm to inform us that somethg had happened to my weekend car. SLK6901K. When we went down, we saw rock or debris of cement fragments ard our car and 1 huge piece of rock or block of cement on top of my car, which shattered my sun/moon glass roof! We also saw scratches and dents and chip on my car. We are devastated as we take good care of our car. I just parked our car at the foot of my block, and this happen. Definitely this is not our doing and we also saw that the roof of the HDB block has chipped off also and these are potentially its chipped parts. Is this HDB

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: 12/05/2020 00:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

F/20200512/7001

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. F/20200512/7001

failure in maintaining their building? We would like to make a police report on this incident and seek your investigation. Please issue a police report for this incident to me. Thanks

Subjects Involved			
Victim			
Person Name	DONNA YEO YEE PHENG		
ID Type	NRIC NO	ID No	S7316332C
Gender	Female	Age	46
Race	Chinese	Language	English
Occupation	Project exec	Address Type	
Address	APT BLK 138 LORONG AH SOO #10-105 SINGAPORE 530138	Mobile No	98590451
Is Informant A Victim?	Yes		
Person Name	Goh Seng Tong		
ID Type	NRIC NO	ID No	S7244089G
Gender	Male	Age	48
Race	Chinese	Language	English
Occupation	Project exec	Address	138 Lor ah soo #10-105 SINGAPORE 530138
Home/Office No	66991160	Mobile No	98590451
Relation To Informant	Self		

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: 12/05/2020 00:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

F/20200512/7001

POLICE REPORT (NP299) **CONTINUATION OF REPORT**

Report No. F/20200512/7001

Person Name	DONNA YEO YEE PHENG (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: 12/05/2020 00:23
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo

Accident Photo

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Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 56655003G / GST Reg. No.: M40001772G

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120045843 Vehicle Registration No: SLK6901K

Name (as shown on NRIC) : GOH SENG TONG NRIC/FIN/Passport No : SXXXX089G

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 138 LORAH SOO #10-105 Singapore 530138

Contact (Tel) : 98590451 Mobile No. : 98590451

Email Address : ssa.jg123@gmail.com

Date of Accident : 19/04/2020 Time of Accident : 10:10

Place of Accident : 138 LOR AH SOO CARPARK

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO CHANGE FROM THIRD PARTY TO OWN DAMAGE

Policyholder / Driver's Signature
Date: 22/5/20

Reporting Centre Personnel's Signature 22/05/2020
Name:
NRIC/FIN No.:
Date: