

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	09/06/2020 15:35
Date Of Accident	07/06/2020 07:15
Exact Location Of Accident	KAMPONG KAYU ROAD CAR PARK K
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9102E
Insured/Policyholder	
Name Of Registered Owner	PARAGON SPORT COMPANY
Co Reg No	-
Email Address	DANIELTIN8@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98000198

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090841512-03
Cover Note Number	

Driver

Name of Driver	TIN WEE KWOK
NRIC No	SXXXX733I
Date Of Birth	29/04/1959
Occupation	INDOOR
Date Of Driving Pass	09/06/1990
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98000198
Fax Number	
Contact Number	
EEmail Address	DANIELTIN8@GMAIL.COM

Address	BLK 53 SIMS PLACE #01-170 SINGAPORE
Postcode	380053
Was driver an employee of the Insured's Company	YES
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

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?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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

tree

A- GBE9102E

Kampung Kenyut Rd carpark K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I the driver reversed my van into a car park lot but there is a tree behind the car park lot and it smashed my van rear panel

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**



E/20200609/2015

1 of 2

POLICE REPORT (NP322)

Report No. E/20200609/2015

Police Station Of Origin
Potong Pasir NPP
142 Potong Pasir Avenue 3 #01-240
SINGAPORE 350142
Tel No: 1800-2829999

Date/Time Report Made 09/06/2020 12:55	Vide Report No.	Station Diary No. 24
Name Of Informant TIN WEE KWOK	Address APT BLK 53 SIMS PLACE #01-170 SINGAPORE 380053	
ID Type / ID No. NRIC NO / S1362733I	Contact No. Home/Office	Mobile 98000198
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SELF EMPLOYED	Sex Male	Age 61
Institution/School Name	Date of Birth 29/04/1959	Race Chinese
Date/Time Of Incident 15/05/2020 00:00 - 08/06/2020 17:00	Location Of Incident 53 SIMS PLACE SIMS VISTA SINGAPORE 380053	

Brief details.

On the above mentioned date time and location, the below mentioned items were found to be no longer in my possession. I made a check but to no avail. I am lodging this police report for record and replacement purposes.

Property Information

Signature Of Officer Recording The Report:

E / Sgt 2 ROLAN LEE KOON LENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Toa Payoh N.P.C /
Sr Staff Sgt LIM WEI MING
Contact No.: 62519999

Authentication Stamp

Signature Of Informant:

Date/Time:
09/06/2020 12:55

Classification Of Case:

FUPO hotline number: 68429645



POLICE REPORT



**SINGAPORE
POLICE FORCE**



E/20200609/2015

2 of 2

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. E/20200609/2015

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Licence	Lost	DRIVER LICENSE			1		ONE SINGAPORE DRIVER LICENSE BELONGING TO TIN WEE KWOK, NRIC S1362733I
2	Ezlink Card	Lost				1	Singapore Dollars 20.00	ONE SILVER IN COLOUR PASSION CARD WITH EZLINK VALUE OF \$20/-

Signature Of Officer Recording The Report:

E / Sgt 2 ROLAN LEE KOON LENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Toa Payoh N.P.C /
Sr Staff Sgt LIM WEI MING
Contact No.: 62519999

Authentication Stamp

Signature Of Informant:

Date/Time:
09/06/2020 12:55

Classification Of Case:

FUPO hotline number: 68429645



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

