## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Occupation

Gender

**Date Of Driving Pass** 

**Driving Experience** 

Mobile Number

Fax Number
Contact Number
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 <u>truthful and accurate</u> 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

aforesaid.	tent to the dronwing of this report at the confide and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/06/2020 12:09
Date Of Accident	06/05/2020 13:40
Exact Location Of Accident	BLK 151 YISHUN ST 11 CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF3978D
Insured/Policyholder	
Name Of Registered Owner	UNION ENERGY PTE. LTD.
Co Reg No	2XXXXX207Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98621148
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5113967306
Cover Note Number	
Driver	
Name of Driver	TAN KAR SOOK
NRIC No	SXXXX247I
Date Of Birth	27/03/1956

**OUTDOOR** 

22/12/1976

MALE

**NOEMAIL** 

43 YEARS AND 4 MONTHS

(LOCAL) +65-93711618

Page 1 of 14

Address 526 HOUGANG AVE 6 #08-147

Postcode 530526

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 COLLIDED INTO PARKED VEHICLE

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

lumber of Decembers (Including Driver)

NO 1

YES

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-4890999 - **FAX NO**: 63128989

Was notice of intended Prosecution given?

If Yes, against whom?

NO

## **Circumstances of Accident**

REFER TO POLICE REPORT T/20200605/2008

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 SJL6344L

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

Page 2 of 14

No. Of Passenger (Including Driver)

## Accident Sketch Plan

## SKETCH PLAN

## 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.
- 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 false 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:
  - 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: 4

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

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

## **Accident Sketch Plan**

# SKETCH PLAN A = GBF 3978 D SJ1 6344L BIK 151 Yishum St 11 carpark DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Report 7120200605/2008 Palice Reter to 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.:

SIADMC StruthPionForm\_V3

## Police Report





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20200605/2008

## REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 05/06/2020 10:56		Vide Report No.:	Station Diary No. 37	
Informa	nt's Partic	ulars			
Name of Informant: TAN KAR SOOK			Address: APT BLK 526 HOUGANG AVENUE 6 #08-147 SINGAPORE 530526		
ID Type / ID No.: NRIC NO / S1171247I		471	Contact No.: Home/Office:	Mobile: 93711618	
National SINGAP	ity: PORE CITIZ	EN	Email:		
Sex: Age: Date of Birth: Male 64 27/03/1956			Type of Informant: Driver		
Race: Chinese		1	Language: Institution / School N		
Occupation: Deliveryman			Driving Licence Information: Class: 3 Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/05/2020 13:40	Type of Location Car Park
Weather:	EET 11	k(unknown lot number Road Surface: Dry		Road Speed Limit:
Clear	Traffic Flow: Traffic Control: Not Controlled			
Clear Traffic Flow:				Fraffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBF3978D	Lorry					0
SJL6344L	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## **Police Report**



2 of 3 Report No. T/20200605/2008

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Driver						
Name	TAN KAR SOOK			ID No.		S1171247I
Related Vehicle	GBF3978D (Lorry)			Conta	ct No.	93711618
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL D		Date Disc		NIL	
	nted Medical Leave NIL D		Degree o	f Injury	NIL	

On 06/05/2020 at 1344hrs, I am the driver of vehicle registration plate number GBF3978D and I was turning out of a carpark lot located at Blk 151 Yishun Street 11 carpark. I turned left to exit my vehicle lot and discovered I had collided with another vehicle SJL6344L front portion which is parked beside me. My vehicle sustain dent and scratches on my front left mudguard while the other vehicle sustain damages on his vehicle front portion.

I then left as there is no driver inside the said vehicle and I also forgotten to leave any notes on the said vehicle.

There is in-vehicle CCTV in my vehicle.

## **Police Report**





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

3 of 3 Report No. T/20200605/2008

CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F /	Signature Of Informant.
Sgt 2 TAI YOONG CHAN, DOMINIQUE	
Signature Of Interpreter: Not applicable	Date/Time:
Not applicable	05/06/2020 10:56
Officer In Charge Of Case:	Classification Of Case:
SI NOR AFFENDY BIN JAFFAR	
Contact No.: 65476368	

# Accident Photo DANGER HIGHLY FLAMMABLE 3978 D









