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 <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.	
	ACCIDENT STATEMENT
Date Of Report	20/07/2020 17:24
Date Of Accident	04/07/2020 00:00
Exact Location Of Accident	UNKNOWN
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV8664H
Insured/Policyholder	
Name Of Registered Owner	PAUL HOE ENTERPRISE PTE LTD
Co Reg No	2XXXXX503C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67419686
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108538802-01
Cover Note Number	
Driver	
Name of Driver	LIM TENG CHONG

NRIC No SXXXX501E

Date Of Birth 29/09/1963

Occupation INDOOR

Date Of Driving Pass 19/11/1981

Driving Experience 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96650329

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 525 HOUGANG AVE 6 #02-183

Postcode 530525

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident NO COLLISION
Weather Conditions UNKNOWN
Road Surface UNKNOWN

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

YES

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name EUNOS NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE:

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

CCTV FROM BUILDING

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMD108Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 27

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 appregulations, laws or court orders.

Policyholger's Signaliae Date & Mine

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SA) Blad EkstchPlanForm_VS

Accident Sketch Plan

	THE STATE OF THE S	
Unable		
to		
	Provide	
	Sketch	
CRIBE CIRCUMSTANCES	SETHE ACCIDENT	
MIDE CINCONSTAINCES	THE ACCIDENT	
- ,	last a lua	
		ce company mention
4 July 20	20 Ze ve My veh in	volved an accident
	2 , I cannot recal	
got involved	with any accident.	
nest l		
	•	
e declare the foregoing parti	tulars are true in every respect	
e declare the foregoing parti		
		Reporting Centre Personnel's Signature Name:

SURMONISHED From VS

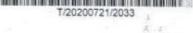




Police Station Of Origin: Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999



Report No. T/20201002112033

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 12:47	Made:	Vide Report No.: Station Diary I	
Informa	nt's Partic	ulars		
	Informant: NG CHONG		Address: APT BLK 525 HOUGANG AV 530525	ENUE 6 #02- 83 SING-PORE
	/ ID No.: D / S157356	01E	Contact No.: Home/Office:	Mobile: 96850329
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 56	Date of Birth: 29/09/1963	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupat CONTR			Driving Licence Information:	Date of Expiry:

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/07/2020 00:00	Type of Library Straight Road
Location: Along Road 1 KAKI BUKIT / AUTOBAY@R	AVENUE 6			Olay No.
Weather: Clear		Road Surface: Dry		Road Speed-Limits
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis UNKNOWN	ion:	P	ADdv	Anyone conveyed by ambulance:

Details of Vehicle Involved					St. Louis Workship	
Vehicle No.	Туре	Make-4	Model	Color	Condition	No of Passenger
GV8664H	Lorry	TOYOTA	2/2	Silver	No Damage	0
SMD108Z	Car					0

Details of Person Involved	AND THE REAL PROPERTY OF THE PARTY OF THE PA	
Any Pedestrian Involved: No		- Harris 197
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	4 6000

Police Report



Police Station Of Origin: Euros NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999





2 of 3 Report No. T/20200721/2033

CONTINUATION OF REPORT

Driver		基础 1000 1000 1000 1000 1000 1000 1000 10		
Name	LIM TENG CHONG	1	D No.	S1573501E
Related Vehicle	GV8664H (Lorry)	(Contact No.	96650329
Hospital/Clinic	NIL	C L	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Data Treatment	NIL	Date Discha		
No. of Days gran	ted Medical Leave NIL	Degree of In	- Marian	

Stief De alls.

CP 22/27/2020, my friend namely Aho(H/P:96235068) received a letter from an insurance company who warried to make claim due to an accident that happened on 04/07/2020 between a lorry (GV8664H) and a cert (S VID108Z). He then told me about it and we remember that the lorry was used by me to help him get a live key at AutoBay@Kaki Bukit. The said lorry (GV8664H) belong to my friend's company.

I wish to state that I have the video footage which captured an event between both my friend's lorry and the said car from the in-car camera of the lorry. I discovered that there are no accident happened.

We manage to make an insurance report and decide to lodge this report for record purposes.

Police Report





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

3 of 3 Report No. T/20200721/2033

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: G /

Sgt 1 NORISHAM BIN KAMIZAN

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informan

Date/Time: 21/07/2020 12:47

Classification Of Case:













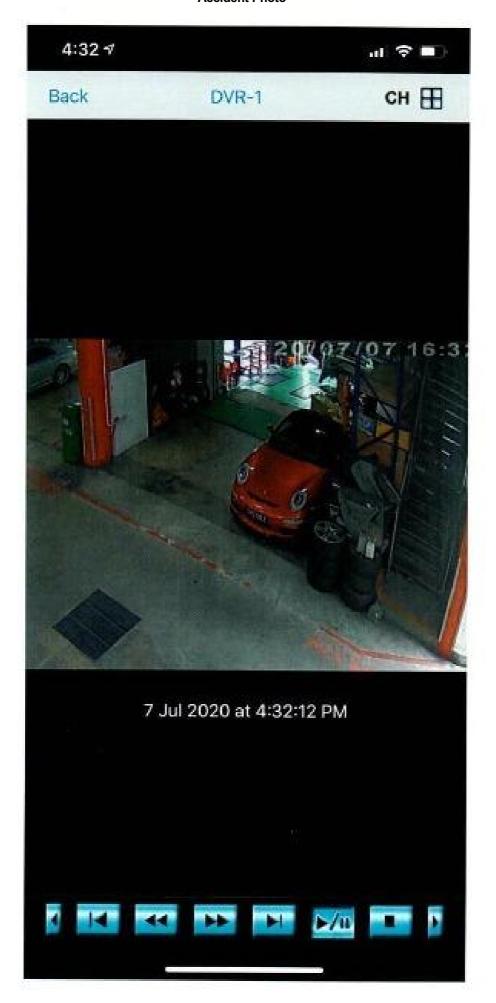






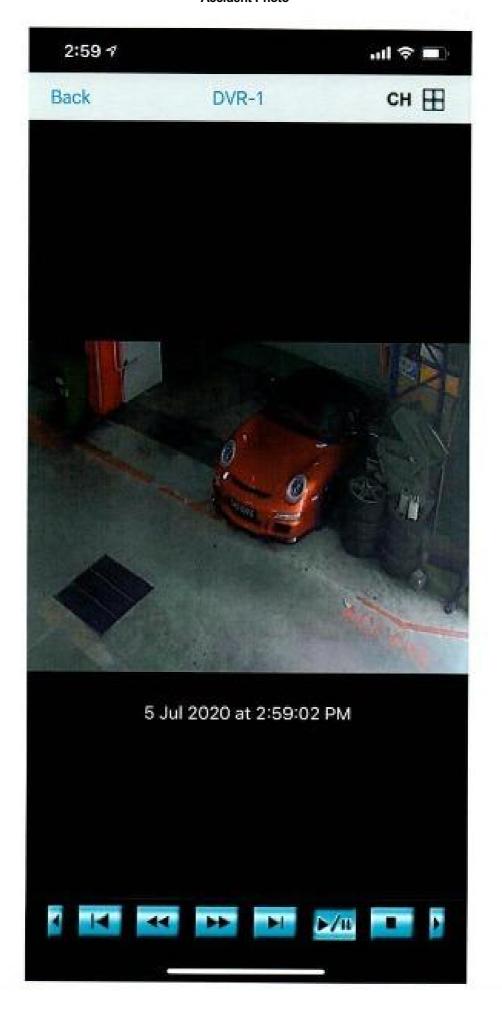


















Addendum Sheet



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: \$665500200 / GST Reg. No.: M400017735

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

ADDENDUM

Original Report No	: MNA120061228 Vehicle Registration No: GV8664	-H
Name(as shown in NRIC	1 in Tena Chana	
Vehicle Driver / V	(abicle Owner) (*) Bloom delete as appropriete	
Address	BIK 525 Hougang Ave 6 # 02-183 singapore (530	525
Contact (Tel)	:Mobile No.: 9665 0329	
Email Address	1	
Date of Accident	: 04 07 2028Time of Accident :	
Place of Accident	-	
Insurance Company	v:_ NTUC Income Insurance	
ADDITIONALINFOR	RMATION/AMENDMENTS:	
I have made a repor make the following	rt on the above mentioned accident and would like to include additional information amendments:	nor
	went back to the place and found vide	0
evidence	e to prove that on 4/7/2020, 1 did not	-
collide h	with venicle SMD1082 at all. The worksh	P
owner o	f smD108Z is making a false reportin	9
of this	accident. On the day of the accident, th	ere
was a	guy helping me to look out when I was	S
turning	out as well, ensuring that I did not h	it
the other	r vehicle. On 3/7/2020 and 5/7/2020, 1	have
attached,	I photo evidence of the other party's car in .	the so
condition,	accident-free and not touched as well	
Pencybander / Drive	Reporting Centre Personnel's Signature Name:	
	NRIC/FINNo.: Date:	