SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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	21/07/2020 10:43
Date Of Accident	18/07/2020 21:00
Exact Location Of Accident	BLK 761A BEDOK RESERVOIR VIEW MULTISTORY CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ2207G
Insured/Policyholder	
Name Of Registered Owner	HOE GUAN DESIGN & GENERAL RENOVATION CONTRACTOR
Co Reg No	3XXXX800C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96670127
Alternative Phone No	OFFICE-96670127
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5117036464
Cover Note Number	
Driver	
Name of Driver	LEE CHYE HOE
NRIC No	SXXXX062E
Date Of Birth	21/01/1955
Occupation	OUTDOOR

17/12/1979

MALE

40 YEARS AND 7 MONTHS

(LOCAL) +65-98117482

OFFICE-98117482

NOEMAIL

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Address BLK 762 BEDOK RESERVOIR VIEW

#14-303

Postcode 470762

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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Name TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5871999 - **FAX NO**: 65871699

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200720/2001.

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SML8038Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 7. By the loggment 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 passessed 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)
 - (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
- 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.
- 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.

HOE GUAN DESIGN & SENERAL RENOVATION CONTRACTOR DE DEFU LANC A MR LED DAY

和原設計及董信丁司

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Persons 's Signature Name

NRIC/FIN No.:

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Accident Sketch Plan

		A: GB322076
		B= JML Sorry
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	TOTAL	
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ESCRIBE CIRCUMSTANCES O	OF THE ACCIDENT	
Refer to sike	report - 1/202000/2011.	
I Islice	CASUA - 1/ M MO 1/4/ M21:	
DECLARATION		
We declare the foregoing partic	ulars are true in every respect.	
We declare the foregoing partic U.S. DESIGN & GENERAL RENOVA DE DEFU LAVE & SINGAPORE	HOW CONTRACTOR	0.00
E CHYE GUAN IC. STISCOON AS	CLE PROPRIETORO	Paradia Casta Daniel
'olicyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
A CONTROL OF THE CONT	Date & Time:	NRIC/FIN No.:

SWRMC Styrch Plan From VI





T/20200720/2001

Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20200720/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2020 00:44		Made:	Vide Report No.:	Station Diary No.		
Informant's Particulars				The state of the s		
Name of Informant: LEE CHYE HOE ID Type / ID No.: NRIC NO / S1106062E Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 65 21/01/1955 Race: Chinese Occupation: Carpenter			Address: APT BLK 762 BEDOK RESERVOIR VIEW #14-303			
		62E	SINGAPORE 470762 Contact No.: Home/Office:	Mobile: 98117482		
		EN.	Email: leechyehoe55@gmail.com	MODIIC. 30117402		
		D40 D409 S41 (02:04:80.63************************************	Type of Informant: Driver			
		-	Language: Mandarin	Institution / School Name:		
			Driving Licence Information: Class: 3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/07/2020 21:00	Type of Location Car Park	
Location: Along Road 1 BEDOK RESE 761A Multi-stor					
Weather:	oy ourpain	Road Surface:	7	Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way		Type of Collision: Moving Vehicle Against - Parked Vehicle			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ2207G	Lorry				No Damage	0
SML8038Y		SUBARU			Slightly Damaged	0

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

Police Report





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20200720/2001

CONTINUATION OF REPORT

Driver	make the same of t	100000	Challenger .	2000	SECTION S	The second second second
Name	LEE CHYE HOE			ID No).	S1106062E
Related Vehicle	GBJ2207G (Lorry)			Conta	ect No.	98117482
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	_		

Brief Details

On 18/07/2020 at about 2100hrs, I had wanted to park my lorry GBJ2207G at the first floor of the multistorey carpark. However, I miscalculated the distance and I had accidentally collided into the vehicle parked in the next lot, SML8038Y, a grey Subaru. I made a check and I saw that there are damages on the rear right door of the vehicle.

I wish to state that I did not know what to do and I went back home. I did not leave a note on the car.

I then told my family members about it, and I was advised by my family to come forward to report the matter.

Police Report





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/20200720/2001

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 / SI NURUL HUDA BINTE HASHIM	Signature Of Informant:
Signature Of Interpreter: Lee Xing Wei / S8711378G	Date/Time: 20/07/2020 00:44
Officer In Charge Of Case: TP / HRT / SI TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	



















