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	24/07/2020 16:55		
Date Of Accident	23/07/2020 12:00		
Exact Location Of Accident	BLK 18 TOH YI DRIVE CARPARK		
Country/State of Loss	SINGAPORE		
1	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGX8886Z		
Insured/Policyholder			
Name Of Registered Owner	TAN HUI HUI		
NRIC No	S9200839H		
Email Address	HUI_JAS23@YAHOO.COM.SG		
Mobile Phone No	(LOCAL) +65-97398886		
Alternative Phone No	OFFICE-97398886		
Vehicle Particulars			
Manufacturer	VOLKSWAGEN		
Model	GOLF		
Exact Purpose for which vehicle was being used at time of accident			
Are you claiming under your own insurance policy for repair to your vehicle?	NO		
If No, Please state action to be taken	THIRD PARTY		
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 5115507737

Cover Note Number

Driver

 Name of Driver
 TAN HUI HUI

 NRIC No
 \$9200839H

 Date Of Birth
 05/01/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 05/07/2010

Driving Experience 10 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97398886

Fax Number

Contact Number OFFICE-97398886

EMail Address HUI JAS23@YAHOO.COM.SG

BLK 932B HOUGANG AVE 9 #05-98 Address

Postcode

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 SIDE SWIPE 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name HOUGANG NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 60 HOUGANG AVE 9, POSTCODE: 538775, COUNTRY: Police Station Address

SINGAPORE

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

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20200723/2092.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCZ7781K

Vehicle Make/Model/Colour

VEHICLE B Details Of Properties PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
 - 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. 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.
- 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)

Lunderstand, 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)
 - (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.:

Sketch Plan #2 Pg. 1 SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT REFER TO POLICE REPORT DECLARATION I/We declare the foregoing particulars are true in every respect.

Policyholde

Date & Time

'Mignature

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Page 5 of 20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1





Police Station Of Origin:

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

1 of 3 Report No. T/20200723/2092

REPORT OF A TRAFFIC	ACCIDENT			
Date/Time Report Made: 23/07/2020 16:34		Vide Report No.:		Station Diary No.: 63
Informant's Particul	ars			
Name of Informant: TAN HUI HUI		Address: APT BLK 932B HOUGANG AVENUE 9 #05-98 SINGAPORE 532932		
ID Type / ID No.: NRIC NO / S9200839H		Contact No.: Home/Office: Mobile: 97398886		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Age: Date of Birth: Female 28 05/01/1992		Type of Informant: Driver		
Race: Chinese		Language:	Institution / School Name:	
Occupation: SALES EXECUTIVE		Driving Licence Information: Class: 3	Date of Exp	piry;

General Inforn	nation of the Accider	nt			
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 23/07/2020 12:00	Type of Location: Carpark	
Location: Along Road 1 TOH YI DRIVE	≘ Drive S590018 (CARF	DADK)			
Weather:	Dive COSCO TO (CAIN	Road Surface:		Road Speed Limit:	
Clear		Dry		rtoda opood Elimit.	
Traffic Flow:		Traffic Control:		Traffic Volume:	
One Way	e Way Not Controlled			Moderate	
Type of Collisi Moving Vehicl	on: e Against - Parked Ve	hicle] :	Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCZ7781K	Car				Slightly Damaged	1
SGX8886Z	Car	VOLKSWAGO N	NEW GOLF 1.4 TSI AT 5K14Q5	Red	Slightly Damaged	0

Details of V	ehicle Insurance		
Vehicle No.	Insurance Company	Insurance No	Effective Expiry Date

Sketch Plan #4 Pg. 1





Report No. T/20200723/209

2 of 3

Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGX8886Z	NTUC Income Insurance Co-Operative	5115507737	13/01/2020	12/01/2021
	Limited			

Brief Details.

On 23/07/2020 at aout 1200hrs, I was driving my car (SGX8886Z) waiting to exit out of the gantry at incident location when another car dashed through to another lane and hit my car's right-side rear. I wis to state that my car was stationary at that point of time. The car did not stop to acknowledge that they have hit my car. I went to follow them and horn at them to stop their car. They eventually stopped their c in the carpark. I told them that they have hit my car and I wanted to exchange particulars with however they refused as they claimed that they were in a rush. They only told me to take down their plate numbe which I did (SCZ7781K) and the car was a Mercedes. My car's right rear was dented and the paint was chipped off. There are also scratches on it. I wish to state that there were CCTV at the carpark itself. I have an in-car camera however it is not working at that point of time. I wish to state that I was not injure

Sketch Plan #5 Pg. 1

CONTINUATION OF REPORT





020012312092

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

Report No. T/20200723/2092

3 of 3

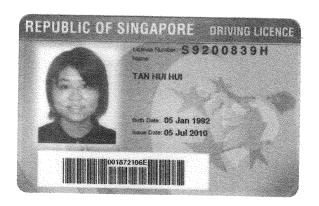
Sketch Plan

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 T	he Report:	Signature Of Informant:	
Sgt 2 NURUL NATASHA BINTE	MUALIM / W	Man Man	
Signature Of Interpreter:		Date/Time: 23/07/2020 16:34	
Not applicable		Classification Of Case:	
Officer In Charge Of Case: TP / GIA /		Classification of Case.	
Staff Sgt WONG SIEU LUI	7 1 28 55.	April 1	
Contact No.: 65476151			
Authentication Stamp NP168		particular to the second of th	
	And the second s	other Page.	

Identification Card Pg. 1



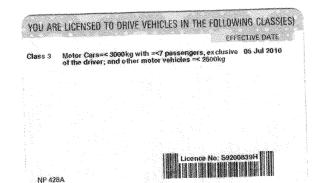


Date of Accident:

Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: 38 CA 270

Driving License Pg. 1







THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number : 5115507737
The Policyholder : TAN HUI HUI
BLK 932B #05-98
HOUGANG AVENUE 9
HOUGANG CRIMSON
SINGAPORE 532932

Period of Insurance : 13 Jan 2020 To 12 Jan 2021

Sum Insured : Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST) : \$\$1,059.06

Interest Insured

Cover Type : drivo CLASSIC
Primary Driver : TAN HUI HUI
Named Driver (1) : N/A

Named Driver (2) : N/A

: 1400cc : VOLKSWAGEN/GOLF Capacity Make/Model : 2011 : SGX8886Z Registration Year Registration Number Off-peak Car : No : WVWZZZ1KZBW163929 Chassis Number Insure with COE : Yes Repair at Owner's Preferred Workshop: No : S\$600 NCD Entitlement : 30% Excess (Section 1) : No NCD Protection : N/A Excess (Section 2) Loyalty Discount : 5%

Windscreen Excess : S\$100
Additional Excess : N/A

Unnamed Driver Excess : Please refer to Terms and Conditions

Hire Purchase Company : N/A

Optional CoverTransport Allowance: NoExcess Waiver: No

Memo A : N/A

Endorsement Operative: N/A

Agency : COWELL INSURANCE (AGENCY) PTE LTD (00000610380)

Date of Issue : 13 Jan 2020 11:17 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive



