### 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.

	A COURTNIE OF ATTEMENT
	ACCIDENT STATEMENT
Date Of Report	11/08/2020 17:29
Date Of Accident	10/08/2020 14:40
Exact Location Of Accident	BLK 59 UPP CHANGI RD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH6392T
Insured/Policyholder	
Name Of Registered Owner	CHAN FOOK SENG
NRIC No	SXXXX203B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92298641
Alternative Phone No	OFFICE-92298641
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5115072248
Cover Note Number	
Driver	
Name of Driver	CHAN FOOK SENG

Name of Driver CHAN FOOK SENG
NRIC No SXXXX203B

Date Of Birth 06/11/1960
Occupation INDOOR
Date Of Driving Pass 07/04/1983

Driving Experience 37 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92298641

Fax Number

Contact Number OFFICE-92298641

EMail Address NOEMAIL

BLK 339 UBI AVENUE 1 Address

#04-871 400339

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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 0

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 MACPHERSON NEIGHBOURHOOD POLICE POST

**ROAD**: BLK 54 PIPIT ROAD #01-82/84, **POSTCODE**: 370054, **COUNTRY**: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-7449999 - FAX NO: 65476366

Was notice of intended Prosecution given?

If Yes, against whom?

NO

# **Circumstances of Accident**

REFER TO POLICE REPORT - T/20200810/2031.

Attachment(s)

Are accident photos available for attachment? NO

Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **GU3370T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

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Nature Of Damage

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.
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- 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:
  - (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 Agnature Date & Time:

11/08/20

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

Date & Time;

Reporting Centre Personner's Signature Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

ETCH PLAN		
		A: 17 H 6392
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	13	\ <u></u>
	TTEL	
	LA1	
		Tille sq New upper changi open spoke the park.
		open space car park.
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	6 2 2
note to ave	a law and law	
KLAPT TO POLICE	150   120000   1231.	
CLARATION	AND ALEXANDER COUNTY OF THE AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRESS OF	
Ve declare the foregoing part	iculars are true in every respect.	
Muld 0		
(my		that
1	Entert Allerance	
licyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature

## Police Report





Report No. T/20200810/2031

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No. 1800-7449999

Vide Report No.:			Station Diary No.:	
		The second		
: K 339 UBI A	VENUE 1 #04-	871 SIN	GAPORE 400339	
Contact No.:			e: 92298641	
Type of Informant:				
			ution / School Name:	
Driving Licence Information: Class: Date of Expiry:			niry:	
Orink Orive: No	Date/Time of Accident: 10/08/2020 12	2:00	Type of Location Car Park	
ACE CARE	ARK			
OPEN SPACE CARPARK Road Surface:			Road Speed Limit:	
Traffic Control:			Traffic Volume:	
cle			Anyone conveyed by ambulance:	
			amt	

Details of Vehicle Involved					Mark Street	No. of Parties
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJH6392T	Car	HONDA	FIT 1.3G A	Red	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJH6392T	NTUC Income Insurance Co-Operative Limited	5115072248	27/12/2019	14/02/2021

### **Police Report**





Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 2 of 3

Tel No: 1800-7449999

Report No. T/20200610/2031

#### CONTINUATION OF REPORT

<b>Details of Perso</b>	n Involved				light.	Carlo de la companya
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver						
Name	CHAN FOOK SEN	3		ID No	-	S1426203B
Related Vehicle	SJH6392T (Car)			Conta	ct No.	92298641
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g ce &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	Date Discharge NIL		A
No. of Days gran	ted Medical Leave	NIL			NIL	

#### Brief Details.

On the above mentioned date, time and place, I parked my car from about 0930-1200. I came back at about 1201hrs, I came back and drove the car and left the carpark. While I was driving, I realized there was a piece of white paper stuck on my windscreen wiper and I stopped at Bedok Reservoir NTUC Fairprice. I then took out the piece of paper after I parked my car and the paper stated (GU3370T Dark Blue Van Reversed & Accidentally...). There was no phone number left behind. I wish to state that I do not have an in-car camera.



### **Police Report**





Police Station Of Crigin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

3 of 3 Report No. T/20200810/2031

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 Rep G / Sgt 1 CHUA KUN ER	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/08/2020 14:42
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI	Classification Of Case:
Contact No.: 65476902	SINGAPORE PORCE
Authentication Stamp	SIGNATURE



















