

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

### ACCIDENT STATEMENT

|                            |                           |
|----------------------------|---------------------------|
| Date Of Report             | 12/08/2020 18:03          |
| Date Of Accident           | 10/08/2020 00:30          |
| Exact Location Of Accident | BLK 704 AMK AVE 8 CARPARK |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | GBA9975Z             |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | JHAUTO TRADING       |
| Co Reg No                   | 5XXXX776L            |
| Email Address               | NOEMAIL              |
| Mobile Phone No             | (LOCAL) +65-97718731 |
| Alternative Phone No        | OFFICE-97718731      |

### Vehicle Particulars

|                                                                              |                                        |
|------------------------------------------------------------------------------|----------------------------------------|
| Manufacturer                                                                 | NISSAN                                 |
| Model                                                                        | URVAN PANEL LWB 3.0 5DR 5MT AIRBAG 2WD |
| 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                                                             | COMMERCIAL VEHICLE                     |

### Insurance Company

|                           |                                        |
|---------------------------|----------------------------------------|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT          |
| Fleet Policy              | YES                                    |
| Policy Number             | 5114140514                             |
| Cover Note Number         |                                        |

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | GOH JIN HUI          |
| NRIC No              | SXXXX012F            |
| Date Of Birth        | 07/04/1992           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 24/11/2010           |
| Driving Experience   | 9 YEARS AND 8 MONTHS |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-97718731 |
| Fax Number           |                      |
| Contact Number       | OFFICE-97718731      |
| Email Address        | NOEMAIL              |

|                                                     |                                         |
|-----------------------------------------------------|-----------------------------------------|
| Address                                             | BLK 700B ANG MO KIO AVENUE 6<br>#09-322 |
| Postcode                                            | 562700                                  |
| 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 | -<br>-<br>-                             |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                             |

#### General Information of the Accident

|                    |                                                 |
|--------------------|-------------------------------------------------|
| Type Of Accident   | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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?                                          |     |
| Was any other material or property damaged?                                                 | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO  |
| Number of Passengers (Including Driver)                                                     | 0   |

#### Details of Police Action

|                                           |                                                                                                      |
|-------------------------------------------|------------------------------------------------------------------------------------------------------|
| Was the accident reported to the police?  | YES                                                                                                  |
| If Yes, Please state which Police Station |                                                                                                      |
| Police Station Name                       | PAYA LEBAR NEIGHBOURHOOD POLICE POST                                                                 |
| Police Station Address                    | <b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961                                                |
| Was notice of intended Prosecution given? | NO                                                                                                   |
| If Yes, against whom?                     |                                                                                                      |

#### Circumstances of Accident

REFER TO POLICE REPORT - F/20200812/2053.

#### 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 | SHC3097R |
| Vehicle Make/Model/Colour   |          |
| Details Of Properties       |          |
| Vehicle Category            | TAXI     |
| Name of Driver              |          |
| NRIC/Passport Number        |          |
| Contact Number              |          |
| Address                     |          |
| Postcode                    |          |
| Insurance Company Name      |          |

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 lodging 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 with 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:
  - (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/are 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 located 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;
  - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
  - (iii) in 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 Person's Signature  
Name:  
NRIC/FIN No:

# Accident Sketch Plan

SKETCH PLAN

Veh A: GBA 91752

Veh B: SHC 3097R



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report F/20200812/2053

### DECLARATION

I/We declare that 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.:

# Police Report



**SINGAPORE  
POLICE FORCE**



F/20200812/2053

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## POLICE REPORT (NP299)

Report No. F/20200812/2053

Police Station Of Origin  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

|                                           |                                                                                                                     |                         |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------|
| Date/Time Report Made<br>12/08/2020 14:32 | Vide Report No.                                                                                                     | Station Diary No.<br>11 |
| Name Of Informant<br>GOH JIN HUI          | Address<br>APT BLK 700B ANG MO KIO AVENUE 6 #09-322<br>SINGAPORE 562700                                             |                         |
| ID Type / ID No.<br>NRIC NO / S9213012F   | Contact No.<br>Home/Office                                                                                          | Mobile<br>97718731      |
| Nationality<br>SINGAPORE CITIZEN          | Email Address                                                                                                       |                         |
| Occupation<br>SELF EMPLOYED               | Sex<br>Male                                                                                                         | Age<br>28               |
| Institution/School Name                   | Date of Birth<br>07/04/1992                                                                                         | Race<br>Chinese         |
| Date/Time Of Incident<br>10/08/2020 00:00 | Language<br>English                                                                                                 |                         |
|                                           | Location Of Incident<br>704 ANG MO KIO AVENUE 8 HDB-ANG MO KIO<br>SINGAPORE 560704<br>beside car park lot number 64 |                         |

### Brief details.

I am the owner of the Van bearing registration number GBA9975Z. I am lodging this police report for insurance claim purposes as my van was badly damaged with reference F/20200810/0019.

On 08/08/2020, I parked and secured my van at Blk 704 Ang Mo Kio Avenue 8, beside car park lot number 64. Everything was normal and intact.

|                                                                                                                 |                                |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------|
| Signature Of Officer Recording The Report:<br>F / Sgt 3 MUHAMMAD IZZUWAN BIN SYED                               | Signature Of Informant:        |
| Signature Of Interpreter:<br>Not applicable                                                                     | Date/Time:<br>12/08/2020 14:32 |
| Officer In-Charge Of Case:<br>F / Hougang N.P.C /<br>SI MUHAMMAD HELMI BIN MOHD KHALID<br>Contact No.: 64890999 | Classification Of Case:        |

### Authentication Stamp



# Police Report



**SINGAPORE  
POLICE FORCE**



F/20200812/2053

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200812/2053

On 10/08/2020, I received a call from one Police Investigation Officer informing me that my van that was parked was damaged due to a fire break out caused by the taxi bearing registration number SHC3097R that was parked beside my van. I immediately came down to scene and spoke to the police officer at scene. They passed me a reference case card and advised me to proceed with insurance claim.

I called my workshop to notify them about the matter and they advised me to lodge a police report first. This is the first time such incident has happened. This police report is for insurance claim purposes.

Signature Of Officer Recording The Report:

F / Sgt 3 MUHAMMAD IZZUWAN BIN SYED

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Hougang N.P.C /  
SI MUHAMMAD HELMI BIN MOHD KHALID  
Contact No.: 64890999

Authentication Stamp



Signature Of Informant:

Date/Time:  
12/08/2020 14:32

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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