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.

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	ACCIDENT STATEMENT
Date Of Report	24/08/2020 15:49
Date Of Accident	22/08/2020 16:30
Exact Location Of Accident	BLK 3 BEACH RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ6968X
Insured/Policyholder	
Name Of Registered Owner	CHUA SWEE HIN ALBERT
NRIC No	SXXXX339J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97378201
Alternative Phone No	OFFICE-97378201
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5052717660-08
Cover Note Number	
Driver	

Name of Driver CHUA SWEE HIN ALBERT

NRIC No SXXXX339J
Date Of Birth 07/09/1962
Occupation INDOOR
Date Of Driving Pass 21/03/1983

Driving Experience 37 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97378201

Fax Number

Contact Number OFFICE-97378201

EMail Address NOEMAIL

BLK 25 TANGLIN HALT RD Address

#06-28

Postcode 140025

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

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ALEXANDRA NEIGHBOURHOOD POLICE POST

ROAD: BLK 46-2 COMMONWEALTH DR, POSTCODE: 140462, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4739999 - FAX NO: 64713569

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200822/2088.

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 GBJ125Y

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 18

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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)

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) of the purpose of the collective of the purpose of the purpose of the collective of the purpose 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:
 - 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Accident Sketch Plan

KETCH PLAN		
	I BI A I	
		Vehicle A - 56069X
	- 1507 + +	Jehicle B
		- CB3 125 Y
	←	
	7 7 7 7 7	
	Bux 3 Boson Rosal	1
SCRIBE CIRCUMSTANC	MOTOR COLOR DE COLOR	
As per police	Export 7/20200822/2018	
Vehicle A -	SGQ 6968 X	
	C83125 4	
ALC THE SECTION OF TH		
CLARATION /e declare the foregoing pa	rticulars are true jo every respect.	
()/	() /	~
0/		
cyholder's Signature te & Time;	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
With the Control of t	Date & Time:	NRIC/FIN No.:

Police Report





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE

140462

Tel No: 1800-4739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 22/08/2020 18:30

Vide Report No.

Station Diary No.:

Report No. T/20200822/2088

1 of 3

22/08/2020 18:30		10000		39	
Informa	nt's Partic	ulars	THE REPORT OF THE PARTY OF THE		
Name of Informant: CHUA SWEE HIN ALBERT			Address: APT BLK 25 TANGLIN HALT ROAD #06-28 SINGAPORE 140025		
ID Type / ID No.: NRIC NO / S1564339J		39J	Contact No.: Home/Office:	Mobile: 97378201	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 57	Date of Birth: 07/09/1962	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Drafter			Driving Licence Information: Class: 2B,3	Date of Expiry:	

Type of Accident	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2020 16:30	Type of Location Car Park	
Location: BEACH ROA Weather	D	Road Surface:		Road Speed Limit	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	hicle		Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ125Y	Van					0
SGQ6968X	Car	MITSUBISHI	LANCER 1.6	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGQ6968X	NTUC Income Insurance Co-Operative Limited	5052717660-08	23/01/2020	22/01/2021

Police Report

CONTINUATION OF REPORT





Police Station Of Origin Alexandra NPP 46 Tanglin Hait Road #01-328 SINGAPORE 140462 2 of 3 Report No. 7/20200822/2088

Tel No. 1800-4739999

Details of Person Involved Any Pedestrian Involved: No Use of Pedestrian Crossing: NA No. of Pedestrians Injured: NIL Unknown ID No. NIL Name Contact No. NIL GBJ125Y (Van) Related Vehicle Class: NIL Hospital/Clinic NII Class of Date of Expiry: NIL Driving Licence & Expiry Date Date Discharge NIL Date Treatment NIL No. of Days granted Medical Leave Degree of Injury NIL NIL Driver ID No. S1564339J CHUA SWEE HIN ALBERT Name Contact No. 97378201 Related Vehicle SGQ6968X (Car) Class of Class: 2B.3 Hospital/Clinic NIL Driving Date of Expiry: NIL Licence & Expiry Date Date Discharge | NIL Date Treatment NIL No. of Days granted Medical Leave NIL Degree of Injury NIL

Brief Details.

On the 22/08/2020 @ 1600hrs, I parked my vehicle at the said location and left to buy things. On the same day @ 1630hrs when I came back to my vehicle and I discovered that the front right side of my car was damaged and at the same time one male Chinese approached me and told me that he saw the said van that parked next to me, when driving off, collided onto my vehicle and drove off without stopping. As I was too angry over the incident, I did not take down this male Chinese witness details at all, as I only snap a pic of the vehicles informations through his handphone that he took it down earlier.

Police Report





Police Station Of Origin. Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462 Tel No: 1800-4739999 3 of 3 Report No. T/20200822/2068

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: D / Staff Sgt YIP KUM HOONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: / 22/08/2020 18:30
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:



















