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Confirmed by ; (Dates	Time:)	
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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 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.
- 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.

AL HE AREA SOME PROCESS AND ASSOCIATION OF	ACCIDENT STATEMENT
Date Of Report	25/08/2020 14:13
Date Of Accident	24/08/2020 13:00
Exact Location Of Accident	ORCHARD PLAZA BASEMENT 2 CARPARK LOT NO 37
Country/State of Loss	SINGAPORE
And the second s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLT5411S
Insured/Policyholder	
Name Of Registered Owner	CHANG YANG CHUANG
NRIC No	SXXXX843H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90303200
Alternative Phone No	OFFICE-90303200
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5095272624-02
Cover Note Number	
Driver	
Name of Driver	ANG SWEE ENG
NRIC No	SXXXX491C
Date Of Birth	09/10/1966
Occupation	INDOOR
Date Of Driving Pass	19/01/1983
Driving Experience	37 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98199308
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 46 BENDEMEER RD #12-1433
Postcode	330046
Was driver an employee of the Insured's Company	/ NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	
Insurance Company of Driver's Own Vehicle	- -
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	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes,against whom?	
Circumstances of Accident	
REFER TO POLICE REPORT T/20200824/2154	
Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO
DETAILS	OF OTHER VEHICLE PROPERTY 1
Vehicle Registration Number	SLB5447J

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

Nature Of Damage No. Of Passenger (Including Driver) Page 3 of 17

SKETCH PLAN

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. 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)

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 :
 - (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.
- (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.:

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.:





1 of 3 Perport No. 7/20200824/2154

Police Station Of Origin Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACT

Date/Time Report Made	
24/08/2020 23:55	Vide Report No

	20 23 55		Vide Report No.: E/20200824/0085	Station Diary No.
ANG SW ID Type / NRIC NO Nationalit SINGAPO Sex Female Race	EE ENG ID No / S17774	91C	Address APT BLK 46 BENDEMEER 1 330046 Contact No.: Home/Office: Email: Type of Informant: Driver	152 ROAD #12-1433 SINGAPORE Mobile: 98199308
Occupation FLOURIST	Chinese		Chinese Driving Licence Information:	Institution / School Name:
	500		Class: 3	Date of Expiry

Type of Accident	Non-Injury Hit and Run	Drink	Date/Time of	
Location	- To real	Drive. No	Accident: 24/08/2020 13:0	Type of Location Car Park
ORCHARD RO				
in multistory		Road Surface		Bond C.
In multistory Traffic Flow: One Way ype of Collision		Road Surface Dry Traffic Control: Not Controlled		Road Speed Limit: Traffic Volume: No Traffic

Details of Vehicle No.	Туре	The Party of the P		STATE OF THE PARTY.	SHOPPONE	
SLB5447J	Car	Make	Model	Color		
	Val	HONDA	VEZEL 1.5X	Color	Condition	No of Passenge
SLT5411S	Car		CVT	VVhite		0
	Car	HONDA		100		
	The state of the s		VEZEL 1.5X	White	Slightly	0

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



Police Station Of Origin: 11 Kampong Kapor Road SINGAPORE Tel No. 1800-2949999

2013 Report No T/20200624/2154

CONTINUATION OF REPORT

Tel No 1800-2		ID No.	S1777491C
Vehicle Christ	ANG SWEE ENG	Contact No.	98199308
Name		Class of	Class: 3
Related Vehicle	NIL	Driving	Date of Expiry: NIL
Hospital/Clinic	NIL	Licence & Expiry Date	
		pischarge NIL	
Date Treatment	NIL NIL NIL	Date Discrete Of Injury NIL	
lo of Days grame	III INCOME		The state of the s

On 24/08/2020 at about 0945hrs, I parked my vehicle at the carpark of Orchard Plaza, "Vehicle registration no: SLT54112, MANY, I parked my vehicle at the carpark of Orchard Plaza, "Vehicle his programmed to the programmed programmed to the programmed programmed to the programmed programmed to the programmed registration no: SLT5411S, White Honda Vezel" head-in at lot 37 located at Basement 2 of the building.

At about 1300hrs, my husband namely Chang Yang Chuang (Contact No: 90303200) came to me and told me that my vehicle got hit by another vehicle. Hence, I went to check and found scratches and dents to the right center of my vehicle.

I then approached the management of orchard plaza where they assisted me to view CCTV inside carpark and discovered that at about 1125hrs, one White Honda Vezel with the vehicle registration no: SLB5447J had collided with my vehicle and drove off to an unknown location.

Prior Traffic Police arrival, my husband had shift the car to carpark lot 38 to prevent any further damages to the vehicle. I would like to say that my vehicle does not have a dashcam installed at the rear.

I am lodging this report for insurance claims purposes.



Police Station Of Origin Rochor N P C 11 Kampong Kepor Road SINGAPORE

Tel No: 1800-2949999

RESIDENCE DE L'ARRESTE DE L'ARR

5 48 %

Report No. 17202008342164

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:

Sgt 2 Damien Lee Kai Cong

Signature Of Interpreter. Not applicable

Officer In Charge Of Case: TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145

Authentication Stamp

SIGNATURE

Signature Of Informant

Date/Time:

24/08/2020 23:55

Classification Of Case:

Certificate of Insurance

S (THURO PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) PHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 DAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095272624-02

Cover : drivo PREMIUM

1. Index mark and Registration Number of Vehicle Chassis Number

: SLT54115 : RU11208119

2. Name of Policyholder

: CHANG YANG CHUANG

3. Effective Date of Insurance

: 31 Oct 2019

4. Expiry Date of Insurance

: 30 Oct 2020

5. Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession. This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) : \$\$600 **EXCESS (SECTION 2)** : N/A WINDSCREEN EXCESS : \$\$100 **ADDITIONAL EXCESS** : N/A

UNNAMED DRIVER EXCESS

: PLEASE REFER OVERLEAF REPAIR AT OWNER'S PREFERRED WORKSHOP : YES INSURE WITH COE : YES NCD PROTECTION : YES (FREE) TRANSPORT ALLOWANCE : NO EXCESS WAIVER

PRIMARY DRIVER : CHANG YANG CHUANG NAMED DRIVER (1)

: ANG SWEE ENG NAMED DRIVER (2) : N/A

HIRE PURCHASE COMPANY : UNITED OVERSEAS BANK LIMITED

SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

: CHANG MING HUI (00000635921)

Date of Issue : 14 Oct 2019 21:26 hrs

FOR NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive

Vehicle No.	SLTE	AHS - Model/Make Honda Vezel
Date of Accident	24	8 2020
Time of Accident	1300	HRS
Location of Accident	Alone	Orchard Plaza Basament 2 car park loting, 37
Exact purpose use during acci		Private use
Name of Owner		king Young Chiveria
Telephone No.	H/P: 903	
NRIC		5843H
Address	BLK	46 Bendemeer Road #12-1433 5 (330046)
Claim type	OD	THIRD PARTY REPORTING ONLY
Insurance Company		NTUC
Type of Coverage	Comprehe	
Policy No.	The second second second second second	15272624-02
Name of Driver	As Above	If No, Ang Swee Eng
NRIC		Any Passengers :
Date of birth		10/1966
Occupation	Outdoor	/ Indoor
Driving License Pass Date	Gutuooi	1 mayor
Gender	Male /	Female
Contact No.	H/P: 98	
Address		6 Bendenser Ruad # 12-1433 5 (330046)
Driver have any own vehicle	No.	If yes, Reg No.
Relationship	Employee,	
Weather condition	Clear	Raining Other
Road Surface	Dry	Wet Other
Any Injuries		
Name And Contact No.	No,	If Yes, Who?
Name And Contact No.	1 11 11 11 11 11 11 11 11	
Police Report	No,	If Yes, Where? Rocher NPC
Vehicle B No.	OIB	
Name of Driver	SUD	Any Passengers : - Contact No. :
Vehicle C No.	-	
Vehicle D No.	138/3	Any Passengers :
Vehicle E no.	15	Any Passengers :
Vehicle F No.	-	Any Passengers :
Vehicle G No.	-	Any Passengers :
Witness Name		Any Passengers : Witness Contact :
Accident Portion	100	ht portron
Camera Recorder	Yes / No	ALL POLLINI
Email Address	1	1 201
Eman Address	day	schang of @ Yahou com sg
PARTICULAR WORKSHOP	Thina	
CONTACT NO.	6842 0051	The state of the s
CONTACT PERSON	Grand	
FAX NO	6741 0510	