

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	15/09/2020 13:42
Date Of Accident	14/09/2020 10:00
Exact Location Of Accident	BLK 26D JALAN MEMBINA CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW5217U
Insured/Policyholder	
Name Of Registered Owner	CHU CHEOW FEONG
NRIC No	SXXXX511H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81139779
Alternative Phone No	OFFICE-81139779

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY
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?	YES
If No, Please state action to be taken	
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	5116463814
Cover Note Number	

Driver

Name of Driver	CHU IN SAN
NRIC No	SXXXX199A
Date Of Birth	28/12/1985
Occupation	INDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94898897
Fax Number	
Contact Number	
Email Address	SAN8512@HOTMAIL.COM

Address	BLK 636 HOUGANG AVE 8 #02-79
Postcode	530636
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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	1
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	HOUGANG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 357 HOUGANG AVENUE 7 #01-805 , POSTCODE: 530357 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2869999 - FAX NO: 63822066
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT F/20200915/2040

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN

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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
- (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.

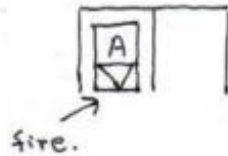
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A: SJW 5217 U

01K 260 Jln membina Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report F12020091512040.

DECLARATION

I/We declare 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/20200915/2045

1 of 2

POLICE REPORT (NP299)

Report No: F/20200915/2045

Police Station Of Origin
Hougang NPP
357 Hougang Avenue 7 #01-805
SINGAPORE 530357
Tel No: 1800-2869999

Date/Time Report Made 15/09/2020 13:34	Vide Report No. A/20200914/0045	Station Diary No. 0
Name Of Informant CHU IN SAN	Address APT BLK 636 HOUGANG AVENUE 8 #02-79 SINGAPORE 530536	
ID Type / ID No. NRIC NO / S8581199A	Contact No. Home/Office Mobile 94898897	
Nationality MALAYSIAN	Email Address	
Occupation RENOVATION	Sex Male	Age 34
Institution/School Name	Date of Birth 28/12/1985	Race Chinese
Date/Time Of Incident 14/09/2020 10:00	Location Of Incident 26D JALAN MEMBINA MEMBINA COURT SINGAPORE 167026	
	Loading and Unloading Bay	

Brief details.

On 14/09/2020 at about 0945hrs, I parked my sister's (Chu Cheow Feong, Hp: 81139779) vehicle SJW5217U at the above mentioned incident location and last seen the vehicle with everything intact, locked with engine turned off before proceeding to conduct my job duty.

On same day at about 1000hrs, after completing my duty I proceeded to the vehicle only to discover that

Signature Of Officer Recording The Report:

F / Sgt 2 PETER GOH WEE HENG

Signature Of Informant:

Date/Time:
15/09/2020 13:34

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt HO YANG YIN, ALVIN
Contact No.: 64890999

Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE
POLICE FORCE



F/20200915/2040

POLICE REPORT (NP299)

CONTINUATION OF REPORT

2 of 2

Report No. F/20200915/2040

It was on fire.

Subsequently the Police and Firefighters arrived to put out the fire on the vehicle, I was informed by the Police that the fire was caused by wiring fault. No one was hurt or injured and I am the only person driving my sister's vehicle.

The vehicle is then towed away to the workshop for inspection and I was advised to lodge a Police report for insurance claims.

I am lodging this Police cover report for insurance claims purpose.

Signature Of Officer Recording The Report:

F / Sgt 2 PETER GOH WEE HENG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
Sr Staff Sgt HO YANG YIN, ALVIN
Contact No.: 64890999

Signature Of Informant:

Date/Time:
15/09/2020 13:34

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

