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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	17/09/2020 12:17
Date Of Accident	16/09/2020 15:30
Exact Location Of Accident	PLAZA SINGH CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW4724D
Insured/Policyholder	
Name Of Registered Owner	EUGENE TAN JIAN CAI
NRIC No	SXXXX408Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87767863
Alternative Phone No	OFFICE-87767863
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO 1.4L AT TSI 1372Q5
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	REPORTING ONLY
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	5114565664
Cover Note Number	
Dulyan	

Driver

Name of Driver EUGENE TAN JIAN CAI

NRIC No SXXXX408Z
Date Of Birth 05/08/1992
Occupation INDOOR
Date Of Driving Pass 11/05/2011

Driving Experience 9 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87767863

Fax Number

Contact Number OFFICE-87767863

EMail Address NOEMAIL

Address BLK 929 JURONG WEST STREET 92

#03-175

Postcode 640929

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

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

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

YES

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 0

YES

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-7929999 - **FAX NO**: 67912972

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200916/2136.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

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

- Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder and/or the authorised driver.
- 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.
- 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
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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)Investigations the accident and/or my claims;
 - Carrying out and/or dealing with my instructions or responding to any enquiries by me; (IIII)
 - Administering my claims (including the mailing of correspondence, statement, invoices, reports or notices to me, (IV) 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 envelops/mail packages); and/or
 - 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/law firms), which may be sited outside of Singapore, for one or more of the above
- (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:
 - (1) To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (11) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

Accident Sketch Plan

	Plaza singh carpark
	A: SJW4724D B: UNKnown
DESCRIBE CIRCU	MSTANCES OF THE ACCIDENT
	Refer to police report
ARATION declare the foregoing	g particulars are true in every respect.
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the.	

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Police Report





Police Station Of Origin: Nanyang N.P.C

2 Jurong West Avenue 5 SINGAPORE

649482

Tel No: 1800-7929999

1 of 3 Report No T/20200916/2136

Station Diary No.:

E/20200916/0160 98 Informant's Particulars Name of Informant: Address APT BLK 929 JURONG WEST STREET 92 #03-175 EUGENE TAN JIAN CAI SINGAPORE 640929 Contact No.: ID Type / ID No .: Mobile: 87767863 Home/Office: NRIC NO / S9227408Z Nationality: SINGAPORE CITIZEN Email: Date of Birth: Type of Informant: Sex: Age: 05/08/1992 Driver 28 Male Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Class: 2B,2A,2,3 Date of Expiry: CAR DEALER

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/09/2020 15:35	Type of Location Car Park	
Location: ORCHARD F	ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traine From		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion: cle Against - Parked Ve	phielo		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372O5		Slightly Damaged	0

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
THE RESERVE AND ADDRESS OF THE PARTY AND ADDRE	NTUC Income Insurance Co-Operative	5114565664	04/12/2019	03/12/2020

Police Report



T/20200918/2138

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20200916/2136

Tel No: 1800-7929999

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver	A SECTION AND ADDRESS OF THE PARTY OF THE PA	(\$7 to 1.6)	Mark States	3 (8 3.5)		ALD A DIMESTRAL DISE
Name	EUGENE TAN JIAN CAI		ID No	46	S9227408Z	
Related Vehicle	SJW4724D (Car)			Conta	ct No.	87767863
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL Dar		Date Disc	Andrew Control	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

On the above mentioned date, time and location, while my vehicle A1 (SJW 4724D) was parked, a dark colored Mercedes E200 which was parked on V1's right, moved off. While moving off, the back part hit V1's front right bumper, causing scratches. The Mercedes then drove off without stopping. This whole incident was captured in V1's dashcam. TP attended to this incident (E/20200916/0160) and I am lodging this report to facilitate the investigation process.





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 3 of 3 Report No. T/20200916/2136

Tel No: 1800-7929999

CONTINUATION OF REPORT

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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 <u>report number</u> as reference.

Signature Of Officer Record J / SC2 PRASHAN S/O ELAN		Signature Oftoformant:
Signature Of Interpreter: Not applicable		Date/Time: 16/09/2020 22:52
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID		Classification Of Case:
Contact No.: 65476145	SINGAPORE POLICE FORCE	
Authentication Stamp NP168	AV ELJANDM, FYEN DAY	NATURE





















