#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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

	ACCIDENT STATEMENT
Data Of Daniel	
Date Of Assistant	02/10/2020 11:46
Date Of Accident	01/10/2020 10:45
Exact Location Of Accident	159 ANG MO KIO AVENUE 4 OSCP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK2655K
Insured/Policyholder	
Name Of Registered Owner	YAM SIN LOK
NRIC No	S8742295Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94881429
Alternative Phone No	OFFICE-94881429
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	STATIONARY 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	5108470378-01
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	YAM SIN LOK
NRIC No	S8742295Z
Date Of Birth	29/12/1987
Occupation	INDOOR
Date Of Driving Pass	12/08/2006
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94881429

OFFICE-94881429

**NOEMAIL** 

Address 871C TAMPINES STREET 86 #15-52

Postcode

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 **RAINING** Road Surface WET

#### 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?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

0 Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE HEADQUARTERS

ROAD: 10 UBI AVENUE 3 SINGAPORE, POSTCODE: 408865, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

Refer to police report

### Attachment(s)

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

Remarks/ Reasons: FILES SIZE TOO BIG TO BE UPLOADED

Was there any audio recorded?

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLS3993Y Vehicle Registration Number

Vehicle Make/Model/Colour MERCEDES BENZ / GLE / SILVER

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver UNKNOWN

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

INCOME MOTOR SERVICE CENTRE		Report Date & Start Time:	02/10/2020 / 11:51
Report No: MT/	D.O.A: 01/10/2020 Time: 10:45 hrs	Vehicle No: SMK2655K	Reporting Type:

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

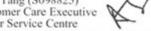
- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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.
- 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)

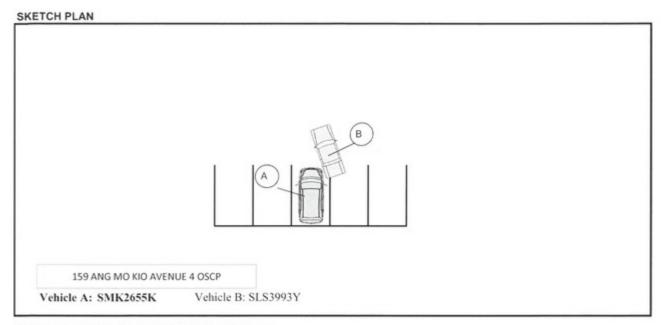
I understand, acknowledge, agree and consent that:

- 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)
  - (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.



Alan Tang (S098825) Customer Care Executive Motor Service Centre





### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report		

### Declaration

I/We declare the foregoing particulars are true in every respect.



02/10/20 / 11:51

Alan Tang (S098825) Customer Care Executive Motor Service Centre



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

Witnessed by Reporting Centre Personnel





T/20201001/7047

1 of 3 Report No. T/20201001/7047

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/10/2020 23:20		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant:			Address:		
YAM SIN LOK			871C TAMPINES STREET 86 #15-52 SINGAPORE 523871		
ID Type / ID No.:		Contact No.:			
NRIC NO / S8742295Z		Home/Office: Mobile: 94881429			
Nationality:		Email:			
SINGAPORE CITIZEN		DARRENYAM87@HOTMAIL.COM			
Sex: Age: Date of Birth:		Type of Informant:			
Male 32 29/12/1987		Vehicle Owner			
Race: Chinese			Language: Institution / School Na English		
Occupation:		Driving Licence Informati	on:		
Sales supervisor		Class:	Date of Expiry:		

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/10/2020 10:45	Type of Location: Car Park	
Location: 159 ANG MO Weather: Drizzling	KIO AVENUE 4	Road Surface: Wet	F	Road Speed Limit:	
Traffic Flow: Two Way	Traine control.			Traffic Volume: Light	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	4	Anyone conveyed by ambulance:		

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLS3993Y	Car	MERCEDES BENZ	GLE	Silver	Slightly Damaged	5
SMK2655K	Car	HONDA	Vezel 1.5X CVT	White	Slightly Damaged	5





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20201001/7047

CONTINUATION OF REPORT

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SMK2655K	NTUC Income Insurance Co-Operative Limited	5108470378-01	01/04/2020	31/03/2021	

Details of Perso	n Involved				
Any Pedestrian I	nvolved: No				
No. of Pedestrian	ns Injured: NIL		Use of Peo	destrian Cro	ssing: NA
Vehicle Owner		Harris Control			
Name	YAM SIN LOK			ID No.	S8742295Z
Related Vehicle	NIL			Contact No	94881429
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL Date		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details. Hi Sir/Mdm,

Good day to you. I was involved in a hit and run incident which took place at a carpark in front of a Coffeeshop at 159 Ang Mo Kio Avenue 4. My motor car was parked stationary when the incident happened. The driver side fender and front bumper of my car was badly scratched. I do have a in car camera and recorded the whole incident showing the Hit and Run Vehicle number clearly. As I was not there at the reported timing, the Hit and run driver did not leave any particulars/note pertaining to the incident. He tried to savage by using a cloth to clear off the scratches, but no prevail. Eventually he took a photo of my car plate and damages done to it and drove off instead. I do have videos and pictures for you reference, but I do have issues uploading through the portal. I will Glad to cooperate and provide you the necessary evidence through other forms of channel.

Thank you





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201001/7047

CONTINUATION OF REPORT

Sketch Plan					
Informant is	not	able	to	provide	sketch

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2020 23:20
Officer In Charge Of Case: TP / TPIB / NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp	





**Accident Photo** 

