

## 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	14/10/2020 17:19
Date Of Accident	15/09/2020 13:35
Exact Location Of Accident	BEDOK NORTH ST 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD6971M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KUNSING PTE LTD
Co Reg No	1XXXXX078Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62827335

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088385376-03
Cover Note Number	

### Driver

Name of Driver	LUM JEU FONG
NRIC No	SXXXX273J
Date Of Birth	13/03/1941
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1960
Driving Experience	59 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97908859
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 45 SIMS DR #09-168
Postcode	380045
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DIRECTOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20201013/2079

#### 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	SKW9449D
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

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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.

新加坡人壽保險有限公司  
KUNSENG (PTE.) LIMITED

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 = GBD 6971M  
B = SKW 9449D.

Bedok North St 2

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20201013/2079.

## DECLARATION

We declare that the foregoing particulars are true in every respect.

**GIARMIC (PTL) LIMITED**

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.:

GIARMIC SketchPlanForm\_V3

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# POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201013/2079

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

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Report No. T/20201013/2079

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/10/2020 17:53		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: LUM JEU FONG		Address: APT BLK 45 SIMS DRIVE #09-168 SIMS VISTA SINGAPORE 380045	
ID Type / ID No.: NRIC NO / S0975273J		Contact No.: Home/Office: Mobile: 97908859	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 79	Date of Birth: 13/03/1941	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: DELIVERY DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

## General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/09/2020 13:35	Type of Location: Car Park
Location: BEDOK NORTH STREET 2			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6971M	Van	NISSAN	NV200 1.5L MT ABS AIRBAG 2WD 6DR EURO 5	Grey		0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# POLICE REPORT

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**SINGAPORE  
POLICE FORCE**



T/20201013/2079

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

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Report No. T/20201013/2079

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LUM JEU FONG		ID No. S0975273J
Related Vehicle	GBD6971M (Van)		Contact No. 97908859
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

ON THE ABOVE MENTIONED DATE, TIME & LOCATION.

I WAS DELIVERING GOODS AND AFTER FINISH UNLOADING THE GOODS. I PROCEEDED TO DRIVE OFF AS I WAS IN A HURRY BECAUSE OF THE JOB, AND WHEN I WAS TURNING LEFT TO LEAVE THE CARPARK, MY VEHICLE GRAZED A PARKED VEHICLE. I THEN LEFT MY VEHICLE TO CHECK ON THE VEHICLE, BUT I COULD NOT WAIT FOR THE OWNER TO COME BECAUSE I WAS IN A HURRY TO DELIVER GOODS. I LEFT A NOTE ON THE VEHICLE'S WINDSCREEN AND THEN I LEFT THE SCENE.

THAT IS ALL.

Attn: Shan Hui

POLICE REPORT



SINGAPORE  
POLICE FORCE

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



T/20201013/2079

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Report No. T/20201013/2079

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:  
TP /  
WINSTON KOH WEN ZHONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
13/10/2020 17:53

Classification Of Case:



SINGAPORE  
POLICE FORCE

WZ



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



**Accident Photo**



