### 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

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	ACCIDENT STATEMENT
Date Of Report	19/10/2020 10:23
Date Of Accident	17/10/2020 19:30
Exact Location Of Accident	ALONG LORNIE HIGHWAY TWDS MACRITCHIE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU5897T
Insured/Policyholder	
Name Of Registered Owner	CHAN LUI KIT
NRIC No	SXXXX041C
Email Address	CHANLK66@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94509236
Alternative Phone No	OTHERS-94509236
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096444580-02
Cover Note Number	

### **Driver**

Name of Driver CHAN LUI KIT
NRIC No SXXXX041C
Date Of Birth 21/10/1960
Occupation INDOOR
Date Of Driving Pass 27/11/1983

Driving Experience 36 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94509236

Fax Number

Contact Number OTHERS-94509236

EMail Address CHANLK66@GMAIL.COM

8 HOUGANG STREET 92 Address

#09-02 538686

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** 

FIRE, EXPLOSION OR LIGHTNING Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Postcode

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? YES

Was any injured conveyed to hospital by

NO

NO

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 **HOGANG N.P.C** 

ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775, POSTCODE: 538775, Police Station Address

**COUNTRY: SINGAPORE** 

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:F/20201018/2016

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 INJURED PERSON 1** 

Name **CHAN LUI KIT** 

Approximate Age

Injuries Sustain **SLIGHT** SLU5897T Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Accident Sketch Plan

### SKETCH PLAN

## IMPORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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 aforesald.
- 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)
  - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, nvestigation 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.

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			
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ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
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Ms regulato	the police report: 1	130001018/	2016
	,		
CLABATION			
CLARATION	4212 E.M. 2011 Physical Reviews		
Ve declare the foregoing particu	liars are true in every respect.		
Park by		0	100700 700
the divine		Sym	19/10/20
cyholder's Synature	Driver's Signature		'ersonnel's Signature
e & Time: 19 (00) 20 70	(If driver is not the policyholder)	Name:	AND THE PROPERTY OF THE PARTY O
	Date & Time:	NRIC/FIN No.:	

### **Individual Statement**





201018/2016

1 of 2

Report No. F/20201018/2016

# POLICE REPORT (NP299)

Police Station Of Origin Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

Date/Time Report Made 18/10/2020 10:44	Vide Re	port No.			Station Diary No.
Name Of Informant  CHAN LUI KIT  ID Type / ID No.  NRIC NO / S1417041C	Address  8 HOUGANG STREET 92 #09-02 SIN  Contact No.  Home/Office Mobile  94509236  Email Address			25 NGAPORE 538686	
Nationality SINGAPORE CITIZEN					
Occupation PROJECT MANAGER	Sex Male	Age 59		of Birth 0/1960	Race Chinese
Institution/School Name	Language English			Crimese	
Date/Time Of Incident 17/10/2020 19:30	Location Of Incident Along Lornie Highway towards Macritchie				
Brief details.	parting Lo	mile mignw	ay towar	as Macrito	chie

On 17/10/20 at about 1930hrs, I was driving along Lornie Highway towards Macritchie when suddenly I could smell burning smell coming from my car SLU5897T (white Honda Vezel). Then I saw smoke coming from out from my left dashboard. Immediately, I stopped at the road shoulder and got out of the car. As I was on the phone with my mechanic, I saw my car caught fire a bit then all of a sudden the fire became huge and the whole car was on fire. No one was injured and no other property damaged other than my car. I immediately called the fire brigade and shortly after they came and put out the fire. However my car was totaled and my personal belongings in the car were also torched. My insurance side was informed and they also came down and arrange for my car to be towed. I do not know what caused

Signature Of Officer Recording The Report: F / Sgt 2 MOHAMED ALI SJO MUBARAK HUSSAIN	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 18/10/2020 10:44
Officer In-Charge Of Case: F / Hougang N.P.C / SI TAN SZE HERNG Contact No.: 64890999	Classification Of Case:
Authentication Stamp	

### **Individual Statement**





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201018/2016

the fire. My car is about 3 years old and had some minor engine issues recently. I am lodging this report for my insurance claims.

Signature Of Officer Recording The Report:

F / Sgt 2 MOHAMED ALTS/O MUBARAK HUSSAIN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Hougang N.P.C / SI TAN SZE HERNG Contact No.: 64890999

Authentication Stamp

Signature Of Informant;

Date/Time: 18/10/2020 10:44

Classification Of Case:























