

## 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	19/10/2020 10:38
Date Of Accident	16/10/2020 08:45
Exact Location Of Accident	WOODLANDS INDUSTRIAL PARK E5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6128K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	STAR SERVICE CO
Co Reg No	0XXXX400D
Email Address	STARSERV@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96176128
Alternative Phone No	OFFICE-96176128

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5092265538-03 (DRIVO PREMIUM)
Cover Note Number	

### Driver

Name of Driver	WU ROON KWEE
NRIC No	SXXXX012F
Date Of Birth	29/01/1956
Occupation	INDOOR
Date Of Driving Pass	15/03/1984
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96176128
Fax Number	
Contact Number	OTHERS-96176128
EMail Address	STARSERV@SINGNET.COM.SG

Address	BLK 123A RIVERVALE DRIVE #10-133
Postcode	541123
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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	SERANGOON NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2849999 - FAX NO: 63431742
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT NO. T/20201016/2034 ATTACHED.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML2181E
Vehicle Make/Model/Colour	HONDA VEZEL/ WHITE
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)



## Sketch Plan Pg. 1

### SKETCH PLAN

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#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

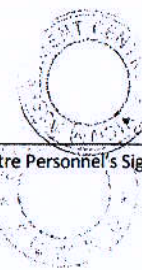
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

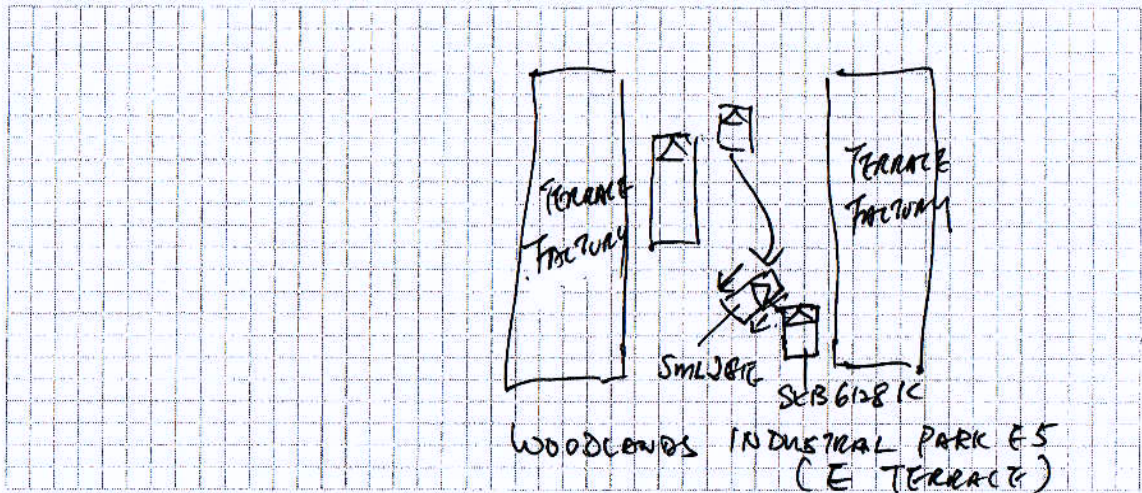


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to police Report ATTACHED

Report NO T/20201016/2034

## DECLARATION

I/We declare the foregoing particulars are true in every respect: 19 OCT 1967

Policyholder's Signature

Date & Time:



Driver's Signature

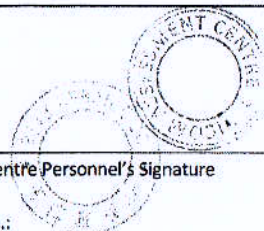
(If driver is not the policyholder)

**Date & Time:**

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







**SINGAPORE  
POLICE FORCE**



T/20201016/2034

Police Station Of Origin:  
Serangoon North NPP  
108 Serangoon North Ave 1 #01-709  
SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20201016/2034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/10/2020 12:28		Vide Report No.:		Station Diary No.: 9
<b>Informant's Particulars</b>				
Name of Informant: WU ROON KWEE		Address: APT BLK 123A RIVERVALE DRIVE #10-133 SINGAPORE 541123		
ID Type / ID No.: NRIC NO / S1155012F		Contact No.: Home/Office: Mobile: 96176128		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 29/01/1956	Type of Informant: Company's Vehicle	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Director		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/10/2020 08:45	Type of Location: Straight Road
Location:  WOODLANDS INDUSTRIAL PARK E5				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKB6128K	Car	TOYOTA	Harrier	Silver	Slightly Damaged	0
SML2181E	Car	HONDA	Vezel	White		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SKB6128K	NTUC Income Insurance Co-Operative Limited	5092265538-03	04/07/2020	03/07/2021



**SINGAPORE  
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T/20201016/2034

Police Station Of Origin:  
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SINGAPORE 550108  
Tel No: 1800-2849999

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Report No. T/20201016/2034

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WU ROON KWEE	ID No.	S1155012F
Related Vehicle	SKB6128K (Car)	Contact No.	96176128
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/10/2020 @0740hrs, I had parked my company's vehicle (SKB6128K) at the small road outside my company premises, 145 Woodlands Industrail Park E5. On the same day at about 0850hrs, the staff from a neighbouring company informed me that my car had been hit by another car. I then went out take a look and discovered that the front left side bumper was damaged. I then checked the footage of my in-car camera and discovered that at about 0840hrs, the driver of a white colour car (SML2181E Honda/Vezel) had reversed and hit onto my car and subsequently drove off without even alighting from his car to take a look. The front left side bumper of my car is slightly damaged. I have the footage off the whole incident.





**SINGAPORE  
POLICE FORCE**



T/20201016/2034

Police Station Of Origin:  
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108 Serangoon North Ave 1 #01-709  
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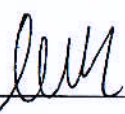

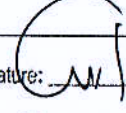
Report No. T/20201016/2034

**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: F / SI ABDUL RASHID BIN ABDULLAH 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/10/2020 12:28
Officer In Charge Of Case: TP / HRT / SI NOR AFFENDY BIN LAFFAR Contact No.: 65474885	Classification Of Case: SN 101
Authentication Stamp NP168  Signature: 	

Singapore Police Force