

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	29/10/2020 17:04
Date Of Accident	28/10/2020 16:15
Exact Location Of Accident	BOON TIONG ROAD MSCP DECK 2A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC9536D
Insured/Policyholder	
Name Of Registered Owner	WAN SIEW KAY
NRIC No	SXXXX958I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96859514
Alternative Phone No	OTHERS-96859514

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PARKING IN THE CARPARK
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	5083116577-04
Cover Note Number	

Driver

Name of Driver	WAN SIEW KAY
NRIC No	SXXXX958I
Date Of Birth	18/11/1940
Occupation	INDOOR
Date Of Driving Pass	05/05/1964
Driving Experience	56 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96859514
Fax Number	
Contact Number	OTHERS-96859514
Email Address	NOEMAIL

Address	9A BOON TIONG ROAD #28-505
Postcode	162009
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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201028/2099

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	SMR8503D
Vehicle Make/Model/Colour	MERCEDEZ BENZ
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.

Policyholder's Signature

Date & Time:

2.30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

2.30 pm

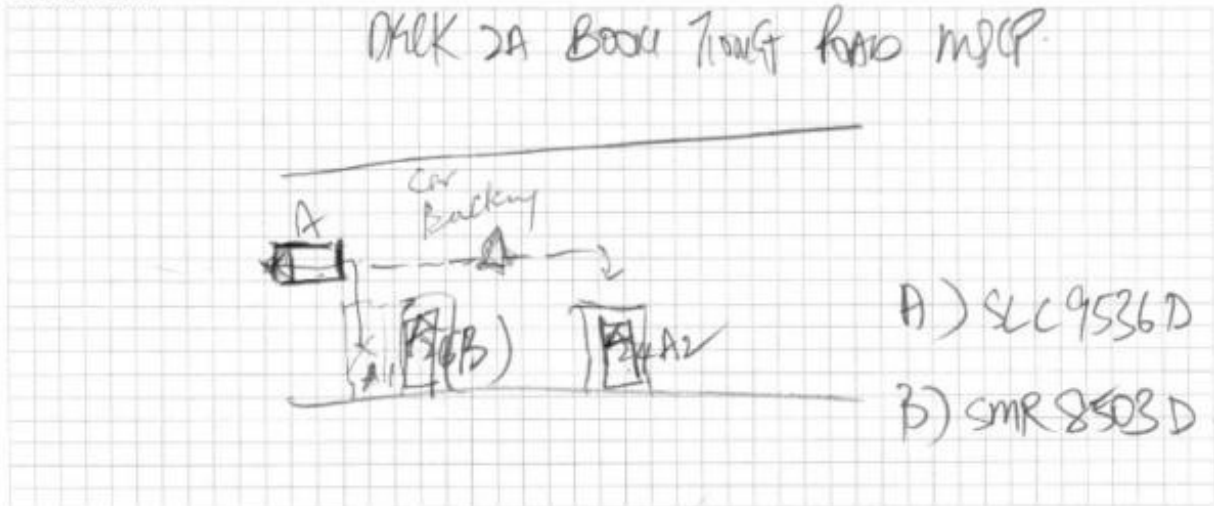
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20201028/2099

DECLARATION

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

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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201028/2099

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

1 of 3

Report No. T/20201028/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2020 18:48	Vide Report No.: A/20201028/0080	Station Diary No.: 41
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Informant's Particulars

Name of Informant: WAN SIEW KAY			Address: APT BLK 9A BOON TIONG ROAD #28-505 SINGAPORE 162009	
ID Type / ID No.: NRIC NO / S02709581			Contact No.: Home/Office: Mobile: 96859514	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 79	Date of Birth: 18/11/1940	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: UNEMPLOYED			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2020 16:15	Type of Location: Car Park
Location: BOON TIONG ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume:	
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
SLC9536D	Car	HYUNDAI	HD AVANTE 1.6 A	Grey		0
SMR8503D	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLC9536D	NTUC Income Insurance Co-Operative Limited	5083116577-04	29/04/2020	28/04/2021

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201028/2099

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20201028/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WAN SIEW KAY	ID No.	S0270958I
Related Vehicle	SLC9536D (Car)	Contact No.	96859514
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/10/2020 at about 1814hrs, I was driving my vehicle bearing SLC9536D at Block 11A Boon Tiong Road multi story car park when I went to deck 2A, I wanted to park at a lot. I then drove my vehicle to one of the lot and I reversed my vehicle into the lot.

After I made the reverse into the lot, I discovered that the lot was too far to where I was going and hence I drove off the lot and made a reverse that was nearer to the lot that I wanted. While I was reversing to my desired lot, I was not sure if I had hit onto the vehicle that was parked beside me. After I parked my vehicle, I then left the carpark without checking.

However I received a call from the police and they told me that my vehicle was involved in an accident and has requested for me to head back to the carpark. When I reached the carpark, the police asked me what happened and I explained to the police that I was reversing my vehicle and I may had hit onto the vehicle without my knowledge as there was no impact and hence I left after I parked. There were scratches on my car however I was not sure if it was caused by the incident as my car is old and is there were old scratches on it. After I spoke to the police, I then walked to the other vehicle bearing SMR8503D and saw that there was a dent at the left fender on the vehicle. I was then asked to make a police report regarding the incident.

I wish to add that there was no in-car camera on my vehicle at all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201028/2099

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Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20201028/2099

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: D / Sgt 1 TAN YEW ANN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/10/2020 18:48
Officer In Charge Of Case: TP / GIT / Staff Sgt TAN JUN YAN Contact No.: 65476311	Classification Of Case:
Authentication Stamp NP168	SN 45
 SIGNATURE	

Accident Photo



Accident Photo



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