#### 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 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
Date Of Report	04/11/2020 16:23
Date Of Accident	03/11/2020 18:00
Exact Location Of Accident	80 STRATHMORE OPEN CARPARK
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB8715R
Insured/Policyholder	
Name Of Registered Owner	TAI SOCK CHENG
NRIC No	SXXXX920F
Email Address	RENE_TAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97850447
Alternative Phone No	OFFICE-97850447
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	GOLF
Exact Purpose for which vehicle was being used at time of accident	CAR WAS 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	5108545405-01
Cover Note Number	
Driver	

Name of Driver TAI SOCK CHENG NRIC No SXXXX920F Date Of Birth 30/04/1977 Occupation **OUTDOOR Date Of Driving Pass** 03/12/2002 **Driving Experience** 17 YEARS AND 11 MONTHS Gender **FEMALE** 

Mobile Number (LOCAL) +65-97850447

Fax Number

**Contact Number** OFFICE-97850447

**EMail Address** RENE TAI@YAHOO.COM.SG Address BLK 361 HOUGANG AVENUE 5

#02-308 530361

M 1: 1 (II ) NO NO

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 CLEAR
Road Surface DRY

**Other Information** 

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO YES

Was any other material or property damaged?

on(s) NO

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 QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

LE 110. 1000-47 19999

### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKX2871H
Vehicle Make/Model/Colour NISSAN

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

## 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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 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:
  - 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

Reporting Centre Pe

Name:

(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)

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## **Accident Sketch Plan**

	MKMONSN	CAR	was	ROKKED
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CRIBE CIRCUMSTANCES	OF THE ACCIDENT			
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## **POLICE REPORT**





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20201104/2095

Date/Time Report Made: 04/11/2020 17:09			Vide Report No.:			
			P	Station Diary No		
Informa	nt's Partic	ulars	31			
TAI SOC	Informant K CHENG	:	Address: APT BLK 361 HOUGAN 530361	NG AVENUE 5 #02-308 SINGAPORE		
NRIC NO	ID Type / ID No.: NRIC NO / S7779920F		Contact No.: Home/Office:	12.71.00 E		
Nationality: MALAYSIAN			Email: Mobile: 97850447			
Sex: Female	Age: 43	Date of Birth: 30/04/1977	Type of Informant: Driver			
Race: Chinese Occupation: Interior designer			Language: English	Institution / School Name:		
			Driving Licence Informat Class: 3	ion: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive:	Date/Time of Accident:	Type of Location
Location:		No	03/11/2020 18:00	) Car Park
Weather: Clear		Road Surface:		Road Speed Limit
Clear		Dry		Road Speed Limit:
				Road Speed Limit:  Traffic Volume: No Traffic

Vehicle No.	Type	Make	Model	0.1	12	Markey Burgard
SKX2871H	Car		Model	Color	Condition	No of Passenger
- 1	Cai	NISSAN		Silver	Slightly	0
SLB8715R Car	Car	VOLKSWAGO	001544	_	Damaged	
		N N	TSI AT 5G13HZ HID SR	Red	Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Incurrent		ELDOZISHOS
7.174		Insurance No	Effective	Expiry Date

#### POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

2 of 3 Report No. T/20201104/2095

CONTINUATION OF REPORT

Details of V	ehicle Insurance	NEST PREPARE	C DECEMBER	TOTAL COLUMN
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB8715R	NTUC Income Insurance Co-Operative Limited		25/04/2020	24/04/2021

Details of Perso	on Involved	e de la constante	DX Bendundaria		Similar S	- CONTRACTOR SERVICE
Any Pedestrian I	nvolved: No		The second secon	Mary Mark		CATALON SAPONES COME
No. of Pedestriar			Use of Pe	edestria	n Cross	ing: NA
Driver		324615	a salestra a maria	Jacotria	101033	my. NA
Name	TAI SOCK CHENG		ID No	).	S7779920F	
Related Vehicle	SLB8715R (Car)			Conta	ect No.	97850447
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

## Brief Details.

On 03/11/2020 at 1500hrs, I parked my car, SLB8715R at opened spaced carpark located near Blk 80 Strathmore Ave. There was no car parked near both sides of my vehicle. My vehicle was in order. On the same day at 1800hrs, I returned to my car and discovered some scratches on the front right portion of my car. There is also a car (SKX2871H) parked head in on the right side of my car, with some scratches on the front right portion of said vehicle.

I suspect that said vehicle, SKX2871H,had collided with my vehicle and the driver left without leaving a note on my car. I wish to state that I had reversed parked my vehicle and my in-car camera was off as my car was switched off.

## POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

3 of 3 Report No. T/20201104/2095

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 Reco D / Staff Sgt MOHAMMED H PAHORASI	The state of the s	Signature Of Informant:
Signature Of Interpreter. Not applicable		Date/Time: 04/11/2020 17:09
Officer In Charge Of Case TP / HRT / SI KALESWARI PALANI	:	Classification Of Case:
Contact No.: 65476902	ESS DIMENSION	1
Authentication Stamp NP168	SIGNATI	50.49























