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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	16/11/2020 10:30
Date Of Accident	15/11/2020 13:30
Exact Location Of Accident	528 ANG MO KIO AVE 10 CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM5930K
Insured/Policyholder	
Name Of Registered Owner	LEE HAN SIANG
NRIC No	SXXXX537Z
Email Address	XAVIER.HANSIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81012120
Alternative Phone No	OTHERS-81012120
Vehicle Particulars	
Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI
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?	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	

Driver

Cover Note Number

Name of DriverLEE HAN SIANGNRIC NoSXXXX537ZDate Of Birth25/08/1986OccupationINDOORDate Of Driving Pass27/03/2006

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81012120

Fax Number

Contact Number OTHERS-81012120

EMail Address XAVIER.HANSIANG@GMAIL.COM

Address 310B PUNGGOL WALK

#17-554

Postcode 822310

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

isulance company of briver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

1

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

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.

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 569784

Police Station Address ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: - **FAX NO**:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I, LEE HAN SIANG, NRIC S8624537Z HAD PARKED MY CAR (PLATE: SMM5930K) AT ANG MO KIO AVE 10 (CARPARK NO. AMA61, LOT 1067) FOR LUNCH AT ABOUT 1PM ON 15/11/2020. AFTER I HAD MY LUNCH AND RETURN TO CAR AT ABOUT 2PM, THERE ARE WITNESS STANDING NEAR MY CAR TRYING TO LEAVE A NOTE. AS SUCH I APPROACHED THEM AND HAPPEN TO KNOW THAT THEY ARE BYPASS WHO WITNESS THE HIT AND RUN INCIDENT OF VEHICLE CAR PLATE: SMA8246X. THEY SAW THE CAR REVRSED AND HIT MY CAR, THEN WENT AHEAD TO CONTINUE PARK HIS CAR AND PACK HIS FOOD AND LEFT AFTER THAT.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMA8246X

Vehicle Make/Model/Colour HYUNDAI ELANTRA/GREY

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

SKETCH PLAN

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- 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 (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
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: |6| 11 | 2020

9:70000

Driver's Signature (If driver is not the policyholder) Date & Time: | 6 | 11 | 2 / 2 0

9.20 am

Reporting Centre Personnel's Signature Name: LIM Lee Steren

NRIC/FIN No. Eg >>>/564m

GIARMC SketchPlanForm V3

Sketch Plan #2

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ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
Refer to po	lice Report	
ECLARATION We declare the foregoing partic	culars are true in every respect.	
	culars are true in every respect.	
Ve declare the foregoing partic	e anue de	
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/e declare the foregoing partic	- PANIS MA	ture

9-20 am





1 of 2:

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 Report No. F/20201115/7048

Date/Time Report Made	Vide Re	eport No.		Station Diary No.
15/11/2020 23:23		00.000001		III discussional de altres.
Name Of Informant	Address			
LEE HAN SIANG	310B PUNGGOL WALK #17-554 SINGAPORE 822310			
ID Type / ID No.	Contact No.			
NRIC NO / \$8624537Z	Home/0	Mice:	Mobile:	
			81012120	
Nationality	Email Address			
SINGAPORE CITIZEN	XAVIER.HANSIANG@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Electronics engineer (general)	Male	34	25/08/1986	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
15/11/2020 13:30 - 15/11/2020 13:30	Ang mo kio ave 10 (carpark no. AMA81)			
Brief details.	11.150.00000000000000000000000000000000			1000

LEE HAN SIANG, NRIC \$8624537Z had parked my car(plate: SMM5930K) at anglmo kid ave 10 (carpark no. AMA61, lot 1067) for lunch at about 1pm on 15/11/2020. After I had my lunch and return to car at about 2pm, there are witness standing near my car trying to leave a note. As such I approached them and happen to know that they are bypass who witness the hit and run incident of vehicle Car Plate: SMA8246X

They saw the car reversed and bit my car, then went ahead to continue park his car and pack his food and left after that.

Signature Of Officer Recording The Report	Signature Of Informant: The identity of the person making this
Not applicable	report has been suthenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time. 15/11/2020 23:23
Officer In-Charge Of Case;	Classification Of Case:

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201115/7048

Car Plate: SMA8246X

Person Name	LEE HAN SIANG		
ID Type	NRIC NO	ID No	S8624537Z
Gender	Male	Age	34
Race	Chinese	Language	English
Occupation	Electronics angineer (general)	Address	310B PUNGGOL WALK#17- 554 SINGAPORE 822310
Mobile No	81012120	is informant A Victim?	Yes

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case:

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time: 15/11/2020 23:23

Classification Of Case:

Authentication Stamp

















































