

## 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	21/11/2020 12:34
Date Of Accident	20/11/2020 10:30
Exact Location Of Accident	255 ALEXANDRA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ9468U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TEO SEH LENG
NRIC No	SXXXX501B
Email Address	CLYFFTLS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87265008
Alternative Phone No	OTHERS-87265008

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	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	5119269685
Cover Note Number	

### Driver

Name of Driver	CLYFF TAN LU SHEN
NRIC No	SXXXX478A
Date Of Birth	10/12/1997
Occupation	INDOOR
Date Of Driving Pass	13/10/2016
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87265008
Fax Number	
Contact Number	OTHERS-87265008
Email Address	CLYFFTLS@GMAIL.COM

Address	BLK 121 SERANGOON NORTH AVENUE 1 #06-191
Postcode	550121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201120/2066

#### 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	SMU6478B
Vehicle Make/Model/Colour	HONDA HRV
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:

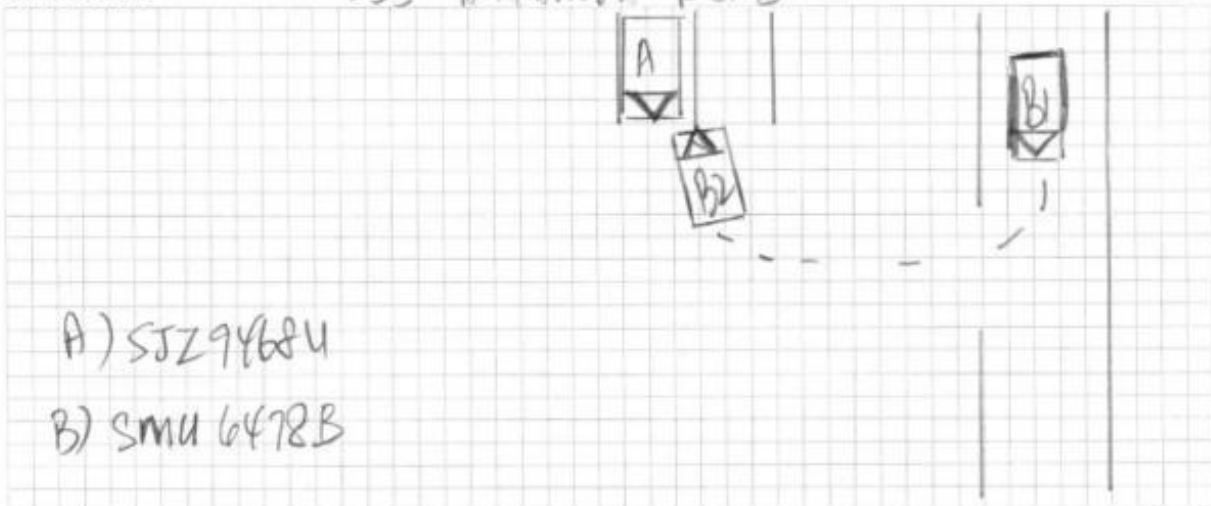
Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

# Accident Sketch Plan

## SKETCH PLAN

255 BLAXANDRA ROAD





## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT T/2020/1170/9066

## DECLARATION

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

 20/11/2020 1513

 20/11/2020 1513

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201120/2066

1 of 3

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

Report No. T/20201120/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2020 14:48		Vide Report No.:		Station Diary No.: 15	
<b>Informant's Particulars</b>					
Name of Informant: CLYFF TAN LU SHEN			Address: APT BLK 121 SERANGOON NORTH AVENUE 1 #06-191 SINGAPORE 550121		
ID Type / ID No.: NRIC NO / S9744478A			Contact No.: Home/Office:		Mobile: 87265008
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 10/12/1997	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SALES EXECUTIVE			Driving Licence Information: Class: 2B,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/11/2020 10:40	Type of Location: Car Park
Location:  ALEXANDRA ROAD				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
SJZ9468U	Car	VOLKSWAGO N		Blue	Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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POLICE FORCE**



T/20201120/2066

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

2 of 3

Report No. T/20201120/2066

## CONTINUATION OF REPORT

Driver			
Name	CLYFF TAN LU SHEN	ID No.	S9744478A
Related Vehicle	SJZ9468U (Car)	Contact No.	87265008
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 20 November 2020 at about 1040hrs at Honda showroom carpark , my colleague informed me my car got hit. He informed me that he saw the other car hit my car . My manager then went to check the CCTV and informed the said car is Honda HRV, white in colour , Car plate no.: SMU6478B . The last I parked my car was at 0915 hrs and subsequently I went to work. I wish to state that the compound has few CCTVs. I also wish to state that I am working there. I wish to state the compound is accessible to public .

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201120/2066

3 of 3

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

Report No. T/20201120/2066

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 2 IRFAN AMANI BIN MOHAMAD JENPIRE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
20/11/2020 14:48

Classification Of Case:



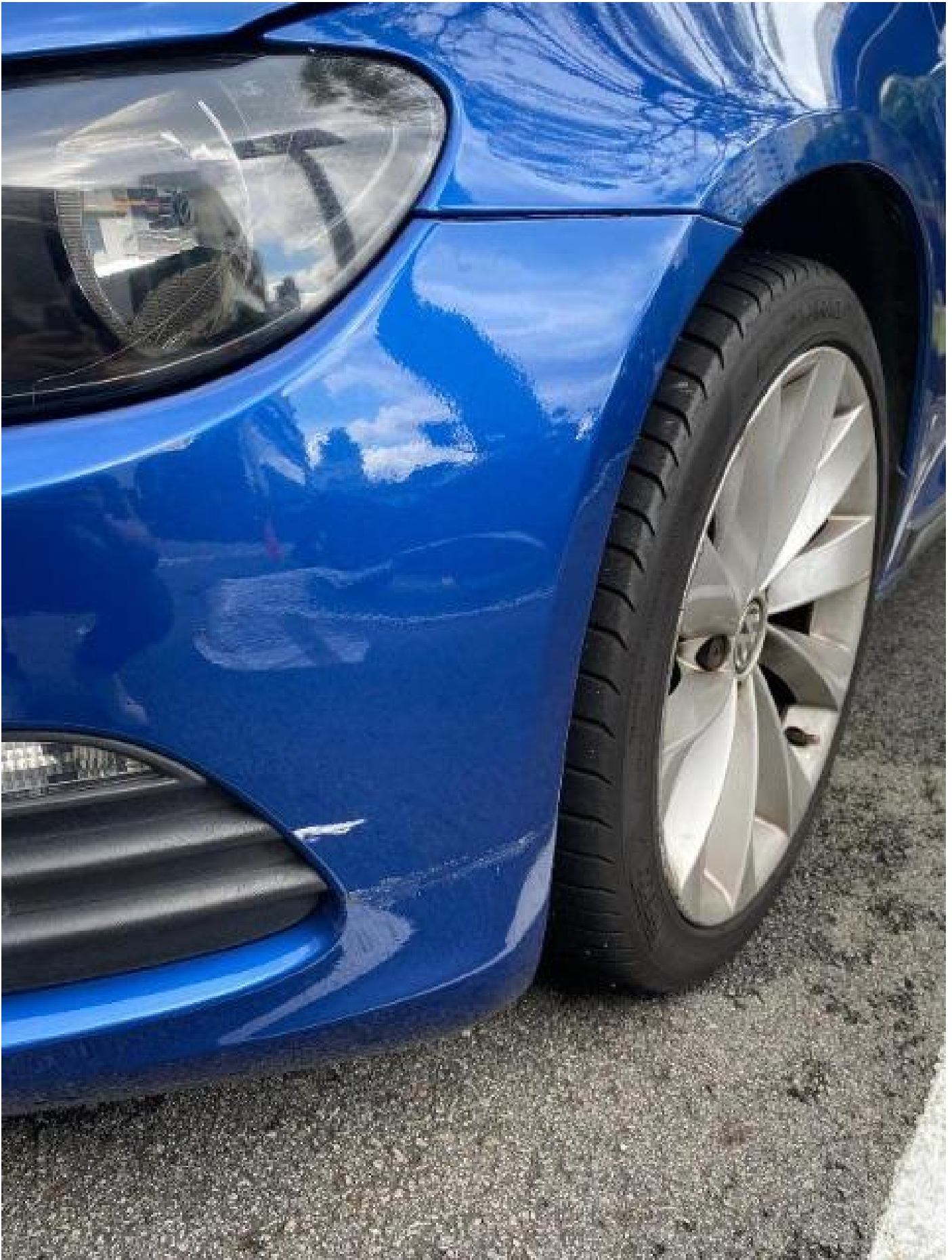
Accident Photo



Accident Photo



Accident Photo



Accident Photo





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Accident Photo

