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	23/11/2020 15:22
Date Of Accident	21/11/2020 16:30
Exact Location Of Accident	THOMSON GRAND CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD3628U
Insured/Policyholder	
Name Of Registered Owner	SHAWA HONG YEE
NRIC No	SXXXX545I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88287869
Alternative Phone No	OFFICE-88287869
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6L 5AT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115429130
Cover Note Number	
Driver	

SHAWA HONG YEE (CAI HONGYI) Name of Driver

NRIC No SXXXX545I Date Of Birth 13/05/1991 Occupation **INDOOR Date Of Driving Pass** 20/04/2017

Driving Experience 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88287869

Fax Number

Contact Number OFFICE-88287869

EMail Address NOEMAIL

BLK 276 YISHUN STREET 22 Address

#11-260 760276

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

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO

YES

NO

2

YES

NO

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

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

SINGAPORE

Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

TEL NO: 1800-4849999 - FAX NO: 62181399

Circumstances of Accident

REFER TO POLICE REPORT - F/20201121/2060.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

Details of Witness 1

Name

Phone Number 91501009

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJA119T

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

SHAWA HONG YEE (CAI HONGYI) Name

Approximate Age

Injuries Sustain **NECK & BACK** Injured person in which vehicle? SMD3628U Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES

NO

SKETCH PLAN

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- 5) Any false reporting may be referred to the police for investigation.
- 6) 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

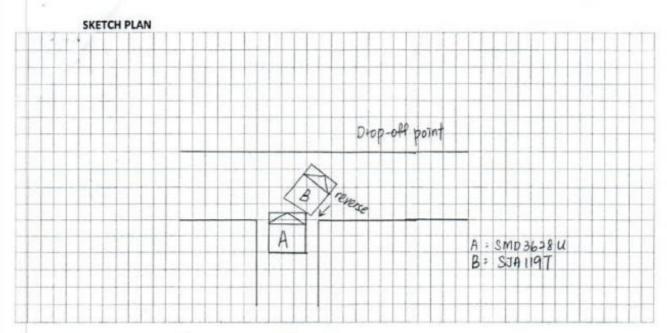
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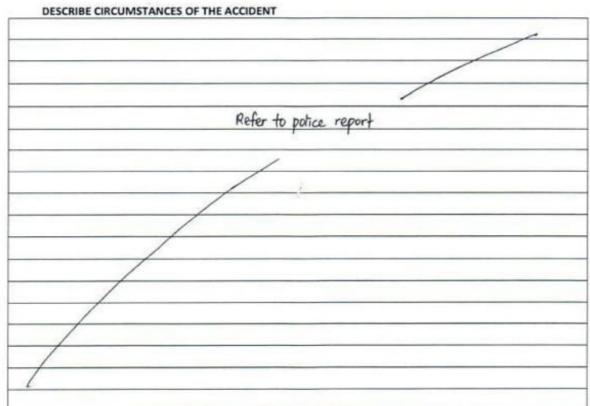
Policy holder's signature Date / time: de

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

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Accident Sketch Plan





DECLARATION

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

k

Policy holder's signature Date & time: R

Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

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Report No. F/20201121/2060

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

Vide Re	port No.	military to the	Station Diary No 35	
Address APT BLK 276 YISHUN STREET 22 #11-260 SINGAPORE 760276				
		Mobile 88287869		
Email A	Email Address			
Sex Male	Age 29	Date of Birth 13/06/1991	Race Chinese	
Language English				
Location Of Incident C/O 11 SIN MING WALK THOMSON GRAND SINGAPORE 575579				
	Address APT BL SINGAF Contact Home/C Email A Sex Male Languag English Location C/O 11 SINGAF	APT BLK 276 YISH SINGAPORE 7602 Contact No. Home/Office Email Address Sex Age Male 29 Language English Location Of Inciden C/O 11 SIN MING V SINGAPORE 5755	Address APT BLK 276 YISHUN STREET 22 # SINGAPORE 760276 Contact No. Home/Office Mobile 88287869 Email Address Sex Age Date of Birth Male 29 13/06/1991 Language English Location Of Incident C/O 11 SIN MING WALK THOMSON	

Brief details.

On 21/11/2020 at about 1630hrs, I was driving my vehicle of car plate number SMD3628U with one female passenger. I drove to 11 Sin Ming Walk Thomson Grand Singapore 575579 as that was my passenger destination.

I drove to the basement car park wanting to drop my female passenger off. Before approaching the drop

F / Sgt 3 CHUA KAI LING	Signature of Informant:	
Signature Of Interpreter: Not applicable	Date/Time: 21/11/2020 18:56	
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt TOK WEI WEI, JEFFREY Contact No.: 64849999	Classification Of Case:	
		_

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201121/2060

off point, there was a vehicle in front of me of car plate SJA119T, BMW dark blue, which suddenly just reverse into my car without signals and hit onto my front right bumper. I went down and talk to her. The female driver told me to let her park first. However, when I was talking to my female passenger, the driver drove off and I quickly chase after the said vehicle. I finally locate the said vehicle again however she told me that she is not going to give me her particulars. The said female driver's husband also came down.

The female passenger is willing to be my witness. Her contact number is 91501009. I got in car camera footage of what happen as well.

I am lodging this report for insurance purpose.

Signature Of Officer Recording The Report:

F / Sgt 3 CHUA KAI LING

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt TOK WEI WEI, JEFFREY
Contact No.: 64849999

Authentication Stamp













