

## 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 09:25
Date Of Accident	20/11/2020 18:40
Exact Location Of Accident	ALONG ALJUNIED FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX7525Y
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#### Insured/Policyholder

Name Of Registered Owner	NAM KIAN SENG
NRIC No	SXXXX834C
Email Address	NKS_RICHARD@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98375250
Alternative Phone No	OTHERS-98375250

#### Vehicle Particulars

Manufacturer	SUZUKI
Model	GRAND VITARA 2.0 5DOOR 2WD AT ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	
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	5106941123-01
Cover Note Number	

#### Driver

Name of Driver	NAM KIAN SENG
NRIC No	SXXXX834C
Date Of Birth	12/12/1970
Occupation	INDOOR
Date Of Driving Pass	11/02/2004
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98375250
Fax Number	
Contact Number	OTHERS-98375250
Email Address	NKS_RICHARD@YAHOO.COM.SG

Address	BLK 647 JURONG WEST STREET 61 #09-164
Postcode	640647
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

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	JURONG POLICE DIVISIONAL HQ ( 'J' DIVISION )
Police Station Address	<b>ROAD:</b> NO. 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7910000 - <b>FAX NO:</b> 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT AS ATTACHED.

#### Attachment(s)

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

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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:

  
21/11/2020

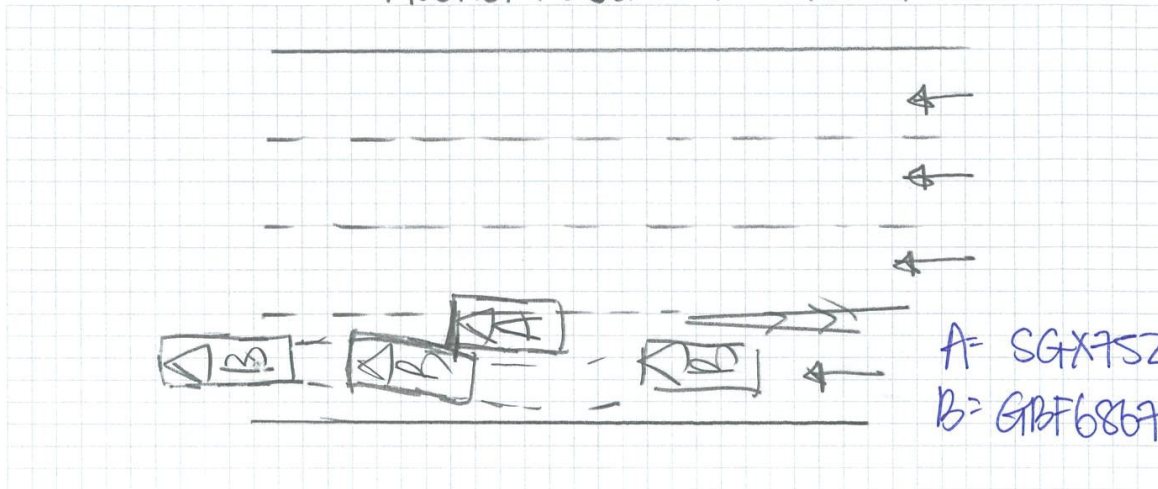
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

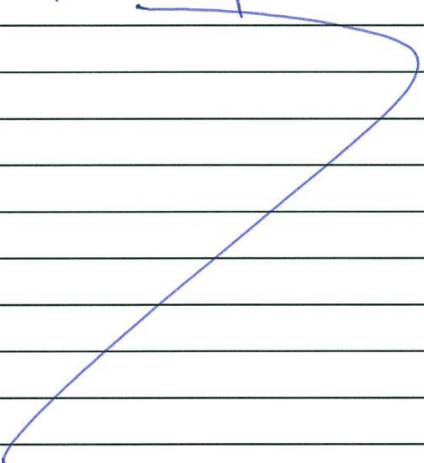

### SKETCH PLAN

ALONG ASSUMED FLYOVER.



A = SGX75ZSY.  
B = GPF6867X

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

LICENSE PLATE:	SGX9S2SY.	ACCIDENT DATE & TIME:	20/11/2020 @ 1840hrs.				
CONTACT NUMBER:	98375250.	E-MAIL ADDRESS:					
LOCATION:	Along Atjunied Flyover.						
Please refer to police report no. J/20201120/7058.							
							
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN							
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION							
Please state:							
<input checked="" type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party	<input type="checkbox"/> Claim OD/TP at other workshop	<input checked="" type="checkbox"/> Reporting Only				

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date & Time: 21/11/2020

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC Sketch-Plan-Form V3





**SINGAPORE  
POLICE FORCE**



J/20201120/7058

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**POLICE REPORT (NP299)**

Report No. J/20201120/7058

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 20/11/2020 22:53	Vide Report No.	Station Diary No.
Name Of Informant NAM KIAN SENG	Address 647 JURONG WEST STREET 61 #09-164 SINGAPORE 640647	
ID Type / ID No. NRIC NO / S7044834C	Contact No. Home/Office:                      Mobile: 98375250	
Nationality SINGAPORE CITIZEN	Email Address nks_richard@yahoo.com.sg	
Occupation Mechanical engineer (general)	Sex Male	Age 49
Institution/School Name	Date of Birth 12/12/1970	Race Chinese
Date/Time Of Incident 20/11/2020 18:40	Location Of Incident 647 JURONG WEST STREET 61 #09-164 SINGAPORE 640647	

**Brief details.**

Hit and Run by Lorry car plate number GBF 6867X along Aljunied flyover on 20/11/2020 (640pm)

On 20/11/2020 at around 640pm, I was on my way from work. When I have reached the slip road and waiting to exit to Aljunied flyover (main Road). My vehicle was moving at a slow speed while doing a lane change to the main road, before I can complete my lane change, I felt I was hit and saw a lorry drove past me at left side.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2020 22:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20201120/7058

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20201120/7058

I then parked my car at road shoulder to check the status. Then I realised that my left side of vehicle door (passenger side), side mirror and my left side of bumper was hit.

Soon when I was checking on the damages, Mr Low stopped his car and came towards me. Mr Low (mobile number 96390612) has witnessed the entire incident and he shares his car camera footage with me to file this police report. At that time Mr Low's vehicle is directly behind the lorry, he had witnessed the whole incident.

<b>Subjects Involved</b>			
<b>Suspect</b>			
Person Name	Design Focus Pte Ltd		
Gender	Unknown		
<b>Victim</b>			
Person Name	NAM KIAN SENG		
ID Type	NRIC NO	ID No	S7044834C
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Mechanical engineer (general)	Address	647 JURONG WEST STREET 61 #09-164 SINGAPORE 640647
Mobile No	98375250	Is Informant A Victim?	Yes

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2020 22:53
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



J/20201120/7058

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. J/20201120/7058

Person Name	NAM KIAN SENG (Informant)

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/11/2020 22:53
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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