

# 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 Submission ..... 21/12/2020 15:04 (SGT)  
Date of Accident ..... 08/11/2020 19:30 (SGT)  
Exact Location of Accident ..... Arab St, Singapore  
Additional Location Information ..... carpark  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKW9133P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN KONG ENG  
NRIC No ..... SXXXX817J  
Email Address ..... johntanke@hotmail.com  
Mobile Phone No ..... (Phone) +65-96665379  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5090052426-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN KONG ENG  
NRIC No ..... SXXXX817J  
Date Of Birth ..... 15/10/1960  
Occupation ..... Indoor

Date Of Driving Pass .....	12/05/1978
Driving experience .....	42 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96665379
Alt. Phone Number .....	+--
Email Address .....	johntanke@hotmail.com
Address .....	BLK 23 BENDEMEER ROAD
Address complement .....	#09-507
Postcode .....	330023
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201109/2050.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKH6201A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**

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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 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.

X   
 Policyholder's Signature  
 Date & Time:

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

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

A hand-drawn diagram of a building with a vertical crack. The building is represented by a rectangle with a triangular roof. A vertical crack is shown running down the center of the building. Arrows on either side of the crack point in opposite directions, indicating lateral movement or displacement.

Arab	Struck
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Refer to police report

Report No : T/20201109/2050

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

Date &amp; Time:

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

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






















**SINGAPORE  
POLICE FORCE**


T/20201109/2050

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Report No. T/20201109/2050

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:  
09/11/2020 13:36

Vide Report No.:

Station Diary No.:  
18

**Informant's Particulars**

Name of Informant: TAN KONG ENG			Address: APT BLK 23 BENDEMEER ROAD #09-507 SINGAPORE 330023		
ID Type / ID No.: NRIC NO / S1437817J			Contact No.: Home/Office: Mobile: 96665379		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 15/10/1960	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: SEMI RETIRED			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/11/2020 19:30	Type of Location: Straight Road
Location: ARAB STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKH6201A	Car					0
SKW9133P	Car					0

**Details of Person Involved**

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




**SINGAPORE  
POLICE FORCE**


T/20201109/2050

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20201109/2050

**CONTINUATION OF REPORT**

<b>Vehicle Owner</b>				
Name	TAN KONG ENG		ID No.	S1437817J
Related Vehicle	SKW9133P (Car)		Contact No.	96665379
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

**Brief Details.**

On 08/11/2020 at about 1800hrs, I parked my vehicle (SKW9133P) along the roadside of Arab Street. At around 1930hrs, I came back to my vehicle and someone approached me informing me that there was a vehicle (SKH6201A) who did a three-point turn and collided on to my vehicle. The vehicle then subsequently went off without leaving a note behind.

I wish to state that my vehicle has a 24hrs camera installed at the front and rear. However, I have yet to check the camera. Nobody was injured at that point of time.

I am lodging this report for police investigation purposes.



**SINGAPORE  
POLICE FORCE**

T/20201109/2050

Police Station Of Origin:  
Thomson NPP  
25 Sin Ming Road #01-180 SINGAPORE  
570025  
Tel No: 1800-4529999

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Report No. T/20201109/2050

**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:

E /

Sgt 2 HO BOON KIAT, DARON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/11/2020 13:36

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt NEO ZHI YUAN

Contact No: 65476079

SN 070

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE