

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 23/12/2020 17:04 (SGT)
Date of Accident 22/12/2020 18:30 (SGT)
Exact Location of Accident Jln Berseh, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKU7300Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH CHAN WAH
NRIC No SXXXX794B
Email Address sohchanwah@hotmail.com
Mobile Phone No (Phone) +65-91790770
Alternative Phone No +65-91790770

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119285652
Cover Note Number -

DRIVER

Name of Driver SOH CHAN WAH
NRIC No SXXXX794B
Date Of Birth 04/07/1962
Occupation Outdoor

Date Of Driving Pass	26/10/1992
Driving experience	28 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91790770
Alt. Phone Number	+65-91790770
Email Address	sohchanwah@hotmail.com
Address	12 DERBYSHIRE ROAD
Address complement	#04-01
Postcode	309466
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)	1
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	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20201222/2141

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	SMG4873E
Vehicle Manufacturer	Audi
Vehicle Model	Q7
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

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 willful 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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time: 10/11/2020 2:50 PM

Driver's Signature (if driver is not the policyholder) / Date & Time: 10/11/2020 2:50 PM

Witnessed by Reporting Centre Personnel: 10/11/2020

Sketch Plan

A) SKU 7800Y
B) SMG 4873E

Describe Circumstances of the Accident

REFER TO POLICE REPORT 7/2020/222/2141

Declaration

We declare the foregoing particulars are true in every respect.

W/m 23/12/2020 2:50 pm Jm 23/12/2020





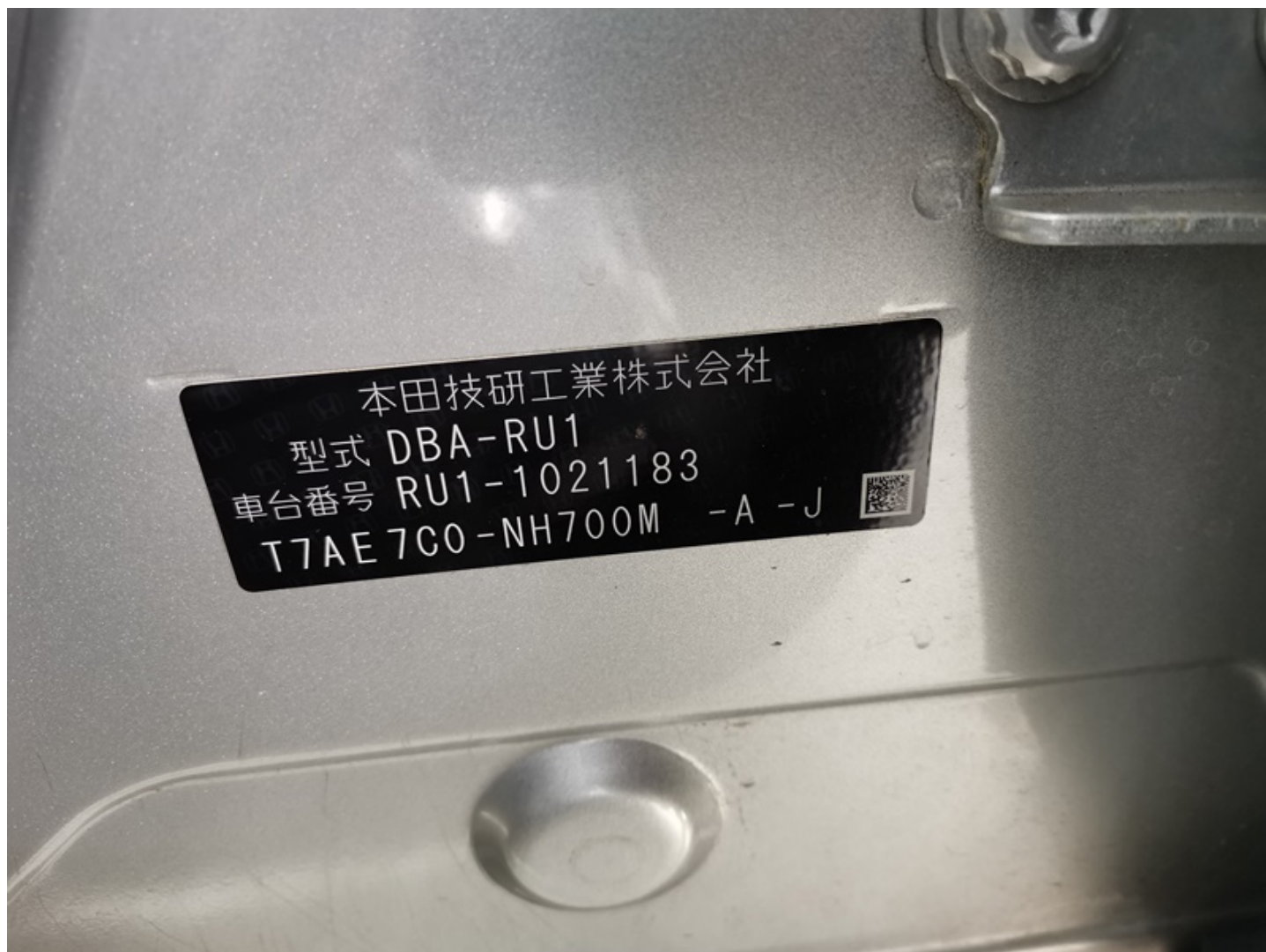


















**SINGAPORE
POLICE FORCE**



T/20201222/2141

Police Station Of Origin:
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3
Report No. T/20201222/2141

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2020 20:54 Vide Report No.: Station Diary No.: 71

Informant's Particulars			
Name of Informant: SOH CHAN WAH		Address: 12 DERBYSHIRE ROAD #04-01 SINGAPORE 309466	
ID Type / ID No.: NRIC NO / S1539794B		Contact No.: Home/Office: Mobile: 91790770	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 04/07/1962	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Other car and light goods vehicle drivers etc.		Driving Licence Information: Class: 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: 22/12/2020 18:30	Type of Location: Straight Road	
Location: JALAN BERSEH				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Moving vehicle to Stationary vehicle	Anyone conveyed by ambulance: No			

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKU7300Y	Car	HONDA	VEZEL 1.5X A	Silver	Slightly Damaged	0
SMG4873E	Car	AUDI		Black	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKU7300Y	NTUC Income Insurance Co-Operative Limited	5119285652	02/10/2020	01/10/2021



**SINGAPORE
POLICE FORCE**



T20201222/2141

2 of 3

Police Station Of Origin:
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T20201222/2141

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH CHAN WAH	ID No.	S1539794B
Related Vehicle	NIL	Contact No.	91790770
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 22/12/2020 at around 1830 hours I was inside my parked my car (SKU7300Y) awaiting for my Grab passenger along Jin Berseh at the side of the road, when a Black Audi car (SMG4873E) reversed from the opposite side of the road and bumped into my car's rear.

I alighted from my vehicle to exchange particulars with the driver, however he disregarded the damages from my car and drove off while I was still checking my rear bumper. I did not suffer any injury and there were no damages to government properties. Traffic Police was also not called to the incident.

I had managed to capture the collision from my in-car rear camera. The collision resulted in a palm-sized dent on the right rear side of my car, slightly above the bumper. I am lodging this report to put up an insurance claim with the insurance company and Grab.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579737
Tel No: 1800-5529999



T/20201222/2141

3 of 3

Report No. T/20201222/2141

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. 1 MUHAMMAD HARITH ISKANDAR SYAH
BIN HALIM SAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/12/2020 20:54

Classification Of Case:

SINGAPORE
POLICE FORCE

SN 061

SIGNATURE