

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	18/01/2021 14:26 (SGT)
Date of Accident	16/01/2021 14:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPHIR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN6833X

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SUM WAI MUAN
NRIC No	SXXXX381G
Email Address	WMSUM@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97892628
Alternative Phone No	+65-97892628

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111902558-01
Cover Note Number	DRIVO PREMIUM

DRIVER

Name of Driver	SUM WAI MUAN
NRIC No	SXXXX381G
Date Of Birth	11/02/1960
Occupation	Outdoor

Date Of Driving Pass	25/11/1983
Driving experience	37 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97892628
Alt. Phone Number	+65-97892628
Email Address	WMSUM@SINGNET.COM.SG
Address	139 PASIR RIS GROVE #01-47
Address complement	-
Postcode	518134
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJR2215X
Insurance Company of Other Vehicle Owned by Driver	Axa

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MISS KOO
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED POLICE REPORT NO: T/20210116/2084

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE819U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	MR CHO
Phone	(Phone) +65-91771572
Email	-

SKETCH PLAN

IMPORTANT NOTICE

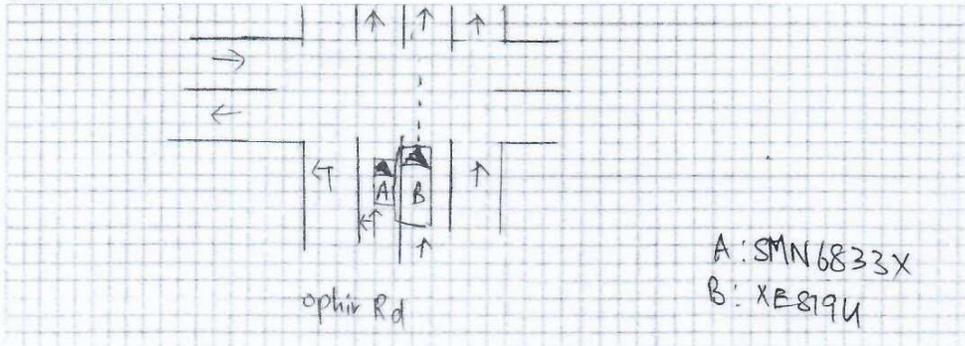
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, 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' 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.

[Signature] 18 JAN 2021
 Policyholder's Signature / Date & Time 11:00 am

[Signature] 18 JAN 2021
 Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
 Witnessed by Reporting Centre Personnel

Sketch Plan





**SINGAPORE
POLICE FORCE**



T/20210116/2084

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20210116/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 16/01/2021 17:08	Vide Report No.:	Station Diary No. 71
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Informant's Particulars

Name of Informant: SUM WAI MUAN		Address: 139 PASIR RIS GROVE #01-47 SINGAPORE 518134	
ID Type / ID No.: NRIC NO / S1418381G		Contact No.: Home/Office: Mobile: 97892628	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 60	Date of Birth: 11/02/1960	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/01/2021 14:25	Type of Location: Straight Road
Location: OPHIR ROAD			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate
Type of Collision: Moving vehicle against - Stationary vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SMN6833X	Car	HONDA	JAZZ 1.3 CVT	Blue	Seriously Damaged	1
XE819U	Lorry	mitsubishi		Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN6833X	NTUC Income Insurance Co-Operative Limited	5111902558-01	23/08/2020	22/08/2021



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T/20210116/2084

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
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Tel No: 1800-5852999

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Report No. T/20210116/2084

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SUM WAI MUAN	ID No.	S1418381G
Related Vehicle	SMN6833X (Car)	Contact No.	97892628
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 16/01/2021 at around 1425hrs, I was driving along Ophir Rd. My car is a blue Honda jazz bearing registration plate number SMN6833X. I had a passenger with me. It was a 6-lane road and I was on the second lane on the left. I made a stop as the traffic light turned red. While waiting to turn to the left road which was Beach Rd, a blue Mitsubishi lorry bearing registration plate number XE819U drove towards my car.

As the lorry was going on a fast speed, it collided into my car's right tail lights and the right side mirror. As a result, there are damages to it. The rear right wheel of my car was also punctured. However, the lorry did not stop. It beat the red light and as such, I was not able to get the driver's particulars.

Afterwards, I continued driving with my passenger inside. Realizing that my car was punctured, I decided to stop my car at St John's HQ carpark and alighted my passenger. My passenger is Miss Koo, contact number 92207370.

I proceeded to contact traffic police regarding the accident and I was given a case card with report number A/20210116/0112. My insurance company personnel was also present.

The passenger and I did not suffer any injuries. I have an in-car camera that managed to capture the accident.

I wish to state that there was a car behind me who witnessed the accident. He is Mr Cho, contact number 91771572.



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POLICE FORCE



T/20210116/2084

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
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Report No: T/20210116/2084

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: G / Sgt 2 NUR IRDINA BINTE MOHAMED TAHIR
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No. 65476079

Signature Of Informant:
Date/Time: 16/01/2021 17:08
Classification Of Case:

Authentication Stamp
NP168

