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 Submission 11/01/2021 16:20 (SGT) Date of Accident 10/01/2021 08:05 (SGT) Exact Location of Accident Singapore Additional Location Information Junction of Braddell Road and Upper Serangoon Road Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FN6677A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM EWE HENG NRIC No. SXXXX412A Email Address lssshirley@me.com Mobile Phone No (Phone) +65-96119606 Alternative Phone No +65-94506728

VEHICLE PARTICULARS

Manufacturer Toyota Model Corolla 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 Policy Number 5086795785-04 (CLASSIC) Cover Note Number

DRIVER

Name of Driver Chan Saw Choo NRIC No SXXXX005I Date Of Birth 01/11/1943 Occupation Indoor

Date Of Driving Pass 05/09/1966 Driving experience 54 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96119606 Alt. Phone Number Email Address lssshirley@me.com Address 4 Jalan Sedap Address complement Postcode 438260 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report 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 NumberGBD5993GVehicle ManufacturerNissanVehicle ModelNv350Vehicle Variant-Vehicle Colour-Vehicle CategoryCommercial vehicleName 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 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. 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")

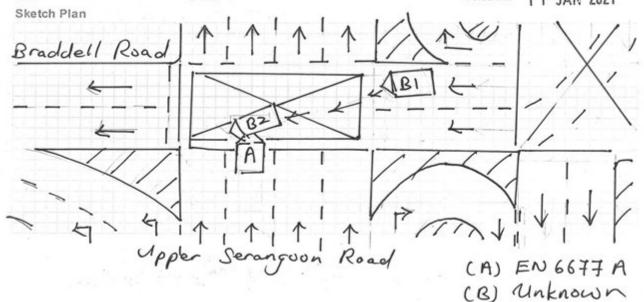
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel 1 1 JAN 2021



Describe Circumstances of the Accident

On 10/01/2021 at about 0805 hre at Sunction of Braddell
Road and Upper Scrangoon Road. I was travelling on the
Lane 3 along Upper Serangoon Road towards Serangoon
Central and come to a stop before the (RED) traffic
light at the above mentioned junction. When the
traffic light turns "GREEN" and as I moved forward
a Vehicle (B) along Broddell Road beated the (RED)
a Vehicle (B) along Broddell Road beated the (RED) light traffic and hence collided onto my Front Left Portion
of my Vehicle (A) causing damages to my vehicle.
After the impact, which (B) had no intention of stopping
but speed off and left the scene. I will ladge a
Police Report for a CHit & Run' Case.
(A) EN 6677 A
(B) Unknown
Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your your own comprehensive policy. Please check your policy for more information.
The state of the s

Declaration

1 1 JAN 2021

We declare the foregoing particulars are true in every respect.

造型主次

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



























2 of 3 Report No. T/20210111/7020

CONTINUATION OF REPORT

Driver			NEW YORK STATE	HE WANTED	
Name	CHAN SAW CHOC	CHAN SAW CHOO		ID No.	S1785005I
Related Vehicle	EN6677A (Car)		Contact	No. 94506728	
Hospital/Clinic	NIL			Class of Driving Licence Expiry	Date of Expiry: NII
Date	NIL		Date	1	VIL
No. of Days gran	ted Medical Leave	NIL	Degree o	f N	NIL .

Brief Details.

On 10/01/2021 at about 0805hrs at Junction of Braddell Road and Upper Serangoon Road. I was travelling on the Lane 3 along Upper Serangoon Road towards Serangoon Central and come to a stop before the 'RED' traffic light at the above mentioned junction. When the traffic light turns 'GREEN' and as I moved forward, a vehicle (B) along Braddell Road beated the 'RED' traffic light and hence collided onto my front left portion of the vehicle (A) causing damages to my vehicle. After the impact, vehicle (B) had no intention of stopping but speed off and left the scene. I will lodge a police report for a 'Hit and Run' case.

Vehicle A: EN6677A Vehicle B: Unknown





3 of 3 Report No. T/20210111/7020

CONTINUATION OF REPORT

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Sketch	Plan
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Informant is not able to provide sketch

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: 11/01/2021 14:58
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:

NP168





1 of 3 Report No. T/20210120/7002

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 0/01/2021 10:25		Vide Report No.:	Station Diary No.:
Informan	t's Partic	ulars		
Name of I CHAN SA			Address: 11 JALAN SETIA SING	6APORE 368429
ID Type / NRIC NO		051	Contact No.: Home/Office:	Mobile: 94506728
Nationality		EN	Email: kennylim@aircon2000.	com.sg
Sex: Female	Age: 77	Date of Birth: 02/11/1943	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: Housewife		Driving Licence Informa Class:	ation: Date of Expiry:	

General Infor	mation of the Accide	nt		
Type of Accident:	ent: Hit and Run Drive: Accident: No 10/01/2021		Date/Time of Accident: 10/01/2021 08:05	Type of Location Straight Road
Location: JUNCTION C Weather: Raining	F BRADDELL ROAD	AND UPPER SERAN Road Surface: Wet		Road Speed Limit:
Traffic Flow: Traffic Control: One Way Traffic Light - Working			Traffic Volume: Moderate	
Type of Collis Between Mov	sion: ring Vehicles - Head To	o Side		Anyone conveyed by ambulance: No

Vehicle No.	Type	Make	Model	Color	Conditio	No of
EN6677A	Car					0
GBD5993G	Lorry			_		0

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





2 of 3 Report No. T/20210120/7002

CONTINUATION OF REPORT

Name	CHAN SAW CHOO)		ID No.	S1785005I
Related Vehicle	EN6677A (Car)			Contact No.	94506728
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	NIL	

Brief Details.

WE REFER TO TP REPORT NO: T/20210111/7020

WE WISH TO AMEND THE TP REPORT WITH THE FOLLOWING: WE MANAGED TO TRACE THE COMPANY OF THE THIRD PARTY VEHICLE NAMELY: SATYARAM SERVICES BASED ON THE CCTV FOOTAGE AND WE MANAGED TO GET THE VEHICLE NUMBER GBD5993G





3 of 3 Report No. T/20210120/7002

CONTINUATION OF REPORT

Sket	ch	P	lan
01101			

Informant is not able to provide sketch

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: 20/01/2021 10:25
Officer In Charge Of Case: TP / TPIB / KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp	

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Patities Quay #12-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Cperating Hours: Monday to Friday, 09100 - 17:03
UNI 566530206 / OST Reg. No.: Medications

IMPORTANT NOTE: Please submit the completed Addendum form to the game Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SVO NO-118 DVV & _Vehicle Registration No: EN 6 (774 CHAN SAW CHUU (*Vehicle Driver / 'Yehicle Owner) (*) Please delete as appropriate 4 JALAN SEORP SINHAPURE 43 8 26 Usingaporal Contact (Tel) Mobile No.: Email Address . 10 01 m m Time of Accident: 08.05 krs Jun Hion Place of Accident : A-f Muc Insurance Company: _ (B) ADDITIONALINFORMATION/AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: WISH AMEND BELOW MENTION. report.

Policyholder / Driver's Signature Date:

游学生生

IDAC VICOM SIN MING

Reporting Centre Personnel's Signature Name: IFAH

NRIC/FIN No.: Date: 20-01-2021