

SN 092123000C

Free Charge



## 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	03/02/2021 15:54 (SGT)
Date of Accident	23/10/2020 12:00 (SGT)
Exact Location of Accident	131 Geylang East Ave 1, Singapore 380131
Additional Location Information	CARPARK
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA1195R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SENSES LIVING
Company Reg No	5XXXXX31C
Email Address	SENSESLIVING@GMAIL.COM
Mobile Phone No	(Phone) +65-90071488
Alternative Phone No	+65-90071488

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Axio
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 hire

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096003301-02
Cover Note Number	-

#### DRIVER

Name of Driver	SIM JUN HAO ALAN
NRIC No	SXXXX335E
Date Of Birth	21/04/1970
Occupation	Outdoor

Date Of Driving Pass .....	22/04/1995
Driving experience .....	25 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90071488
Alt. Phone Number .....	-
Email Address .....	SENSESLIVING@GMAIL.COM
Address .....	BLK 37 BEDOK SOUTH AVE 2 #07-445
Address complement .....	-
Postcode .....	460037
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20201023/2088

#### 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 .....	GW6951L
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 .....	-
No. Of Passenger (Including Driver) .....	-



## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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.

Policyholder's Signature / Date & Time

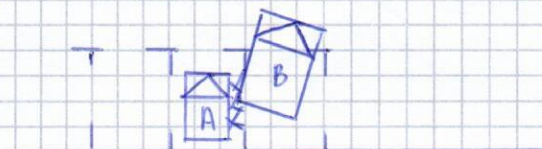
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

### **Sketch Plan**

BLK 131 Geylang East Avenue 1  
Open space car park  
Lot No. 208



Veh A: STA1195R  
Veh B: GW6951L

**Describe Circumstances of the Accident**

Refer to police report

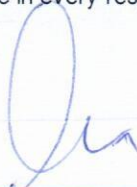
Report No: T/20201023 / 2088

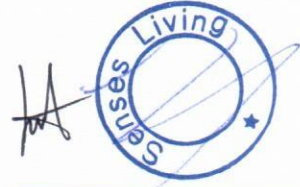
**Declaration**

We declare the foregoing particulars are true in every respect.













# SINGAPORE POLICE FORCE



T/20201023/2088

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20201023/2088

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/10/2020 17:31		Vide Report No.:		Station Diary No.: 79	
<b>Informant's Particulars</b>					
Name of Informant: SIM JUN HAO ALAN			Address: APT BLK 37 BEDOK SOUTH AVENUE 2 #07-445 SINGAPORE 460037		
ID Type / ID No.: NRIC NO / S7012335E			Contact No.: Home/Office: Mobile: 90071488		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 21/04/1970	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/10/2020 12:00	Type of Location: Car Park
Location:  GEYLANG EAST AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJA1195R		TOYOTA	COROLLA AXIO 1.5X A	Silver	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201023/2088

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Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20201023/2088

**CONTINUATION OF REPORT**

**Brief Details.**

I am working as a Grab driver. I am driving a company's rented vehicle bearing registration plate number SJA1195R, a silver Toyota.

On 23/10/2020 at about 12pm, I had parked my car at lot number 208 located at Blk 131 Geylang East Avenue 1. I left shortly after to have my lunch

On the same date at about 2.30pm, I returned to my car and discovered that there were scratches on the right side of the car. The scratches were found on the driver side and passenger side of the car. I have in car camera installed in my car and viewed the footage. I witnessed a silver lorry doing a reverse park in parking lot 207. There was a loud thud sound while he was reversing. The lorry then quickly accelerated and drove away. The footage was unable to capture the lorry's registration plate number.





**SINGAPORE  
POLICE FORCE**



T/20201023/2088

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. T/20201023/2088

**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 3 TAN CHUAN SIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

✓ SI TAN JEOK LENG

Contact No.: 65476144

Authentication Stamp

ND169

Signature Of Informant:

Date/Time:

23/10/2020 17:31

Classification Of Case:



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)  
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** 5096003301-02

**Cover :** drivo CLASSIC

1. Index mark and Registration Number of Vehicle : **SJA1195R**  
 Chassis Number : NZE1416052556
2. Name of Policyholder : SENSES LIVING
3. Effective Date of Insurance : 28 Nov 2019
4. Expiry Date of Insurance : 27 Nov 2020
5. Persons or Classes of Persons entitled to drive#  
 (a) The Policyholder.  
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.  
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business.

**This Policy does not cover**

- (a) Use for racing, pace-making, reliability trial or speed-testing.
  - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: N/A
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: HONG LEONG FINANCE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AUTOSHIELD PTE. LTD. (00000573469)

Date of Issue : 22 Nov 2019 13:25 hrs

**For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED**



Chief Executive



VEHICLE NO:	SJA1195R		MAKE & MODEL:	Toyota Axio		AUTO / MANUAL
DATE OF ACCIDENT:	23 / 10 / 2020		CC:	1.5		
TIME OF ACCIDENT:	1200 HRS					
LOCATION OF ACCIDENT:	Along BLK131 Geylang East Ave 1 OSCP Lot No. 208					
EXACT PURPOSE USE DURING ACCIDENT:	EMPLOYMENT / PRIVATE USE / PRIVATE HIRE					
NAME OF OWNER:	Senses Living					
TEL NO:	H/P: 9007488		OFFICE:	HOME:		
NRIC:	53191431C					
ADDRESS:	31 Surgei Kadat Street 2 S(729243)					
EMAIL:	sensesliving@gmail.com					
CLAIM TYPE:	OD / THIRD PARTY / REPORTING ONLY					
FLEET POLICY:	YES / NO?					
INSURANCE COMPANY:	NTUC					
TYPE OF COVERAGE:	Comprehensive / Third Party / Third Party Fire & Theft					
POLICY NO:	5096003301-02					
NAME OF DRIVER:	AS ABOVE / IF NO: Sim Jun Hao Alan					
NRIC:	S7012335E		ANY PASSENGER:	-		
DATE OF BIRTH:	21 / 4 / 1970		LICENCE PASSED DATE:	22 / 4 / 1995		
OCCUPATION:	OUTDOOR / INDOOR					
GENDER:	MALE / FEMALE					
CONTACT NO:	H/P: 90071488		OFFICE:	HOME:		
ADDRESS:	BLK 37 Bedok South Avenue 2 #07-445 S(460037)					
EMAIL:	sensesliving@gmail.com					
DOES DRIVER OWNED ANY VEHICLE:	NO / IF YES, REG NO:		INSURER:			
RELATIONSHIP:	Owner					
WEATHER CONDITION:	CLEAR / RAINING / OTHERS:					
ROAD SURFACE:	DRY / WET / OTHER:					
ANY INJURIES:	NO / IF YES, WHO?					
NAME & CONTACT:						
NAME & CONTACT:						
POLICE REPORT:	NO / IF YES, WHERE? T/20201023/2088					
NOTICE OF INTENDED PROSECUTION GIVEN?	NO / IF YES, WHO?					
VEHICLE B REG NO:	GW 6951L		ANY PASSENGERS:			
NAME OF DRIVER:			CONTACT NO:			
VEHICLE C REG NO:			ANY PASSENGERS:			
VEHICLE D REG NO:			ANY PASSENGERS:			
VEHICLE E REG NO:			ANY PASSENGERS:			
VEHICLE F REG NO:			ANY PASSENGERS:			
VEHICLE G REG NO:			ANY PASSENGERS:			
ANY WITNESS? IF YES, NAME:			WITNESS CONTACT:			
WAS THERE ANY VIDEO CAPTURE?	YES / NO					
WAS THERE ANY AUDIO RECORDED?	YES / NO					
ACCIDENT SCENE PHOTOS TAKEN?	YES / NO					
ACCIDENT PORTION:	Right portion					
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?	YES / NO					
WORKSHOP PARTICULAR:	N-51 Automotive Pte Ltd					
CONTACT NO:	68420051 / 67440510					
CONTACT PERSON:						