SN07212G0006 / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 17/02/2021 10:58 (SGT) SUBMITTED BY. Ganesh Sinathambi VERSION: 1 (17/02/2021 10:58 (SGT))



# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 ladgement 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 17/02/2021 10:58 (SGT) Date of Accident 15/02/2021 18:00 (SGT) Exact Location of Accident Singapore Additional Location Information **KEW HEIGHTS** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKP7300Z

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AMN SERVICES Company Reg No 53192151D Email Address NOEMAIL@NOEMAIL.COM Mobile Phone No (Phone) +65-94767366 Alternative Phone No +65-94767366

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant

Exact purpose for which vehicle was being used at time of Private use accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC Type of Coverage Comprehensive Fleet Policy Policy Number 5111421236-01 Cover Note Number drivo CLASSIC

DRIVER

Name of Driver TURNER KENNETH NRIC No S6940442A Date Of Birth 17/11/1969 Occupation Outdoor

Date Of Driving Pass 10/08/2007 Driving experience 13 YEARS AND 6 MONTHS Gender Male Mobile Number (Phone) +65-93370133 Alt. Phone Number Email Address TURNERKEN69@GMAIL.COM Address BLK 643 PASIR RIS DRIVE 10 # 03-28 Address complement Postcode 510643 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer 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 Changi Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005872999 Alt. Police Station Phone No. (Fax) +65-65872900 Police Station Address 9 Simei Street 2 Singapore 529914 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT Refer to Police Report No. 7/20210216/2004 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 SJT2300Y Vehicle Registration Number Vehicle Manufacturer Mazda Vehicle Model Vehicle Variant Vehicle Colour White Vehicle Category Private car

Name of Driver Contact Number

Address	_
Address complement	
Postcode	-
nsurance Company Name	
Vature Of Damage	
Details of property damaged in accident	
No. Of Rassenger (Including Driver)	

DOOME MOTOR SERVICE CENTRE

D.O. A. 15/02/2021

Burwar Dass & State Lone

Vehicle No SKP75007 Reporting Type

## SKETCH PLAN

### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver
- 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.
- 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 archaving and that copies of this report will for a fee be made available upon application 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 e report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- [8] 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 actident 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)
  - (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/faw 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

Reg no: 53192151D

16.02/21/13/16

16 02 21 13 16

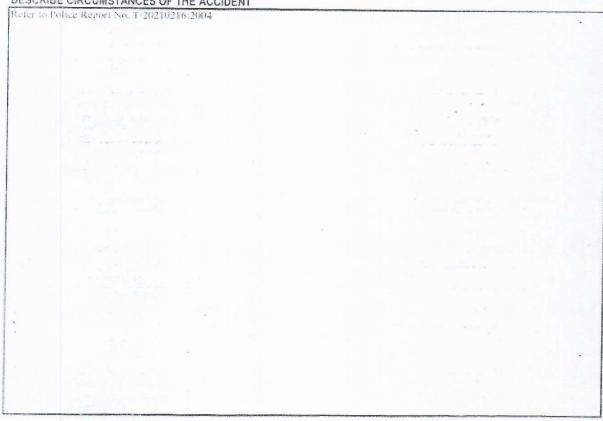
Driver's Signature (If driver is not the policyholder): Date & Time

Ganesh (\$993561) Customer Care Executive Motor Service Centre

Witnessed by Reporting Curdre Peronne

SKETCH PLAN VEHICLE & REVERSE (81 82 KEW HEIGHTS Vehicle A: SKP7300Z Vehicle B: SJT2300Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



Declaration

16 02:21 - 13:16

16.02.21 13:16

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

Ganesh (\$993561) Customer Care Executive Motor Service Centre

Watnessed by Reporting Centre Personnel





1 of 3

Report No. T/20210216/2004

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999

Date/Time Report Made: 16/02/2021 01:39			Vide Report No.:	Station Diary No.: 9	
Informat	nt's Particu	llars			
Name of Informant: TURNER KENNETH			Address: APT BLK 643 PASIR RIS DRIVE 10 #03-28 SINGAPORE 510643		
ID Type / ID No.: NRIC NO / S6940442A		42A	Contact No.: Home/Office:	Mobile: 93370133	
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 51	Date of Birth: 17/11/1969	Type of Informant: Vehicle Owner		
Race: English			Language: English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	ormation:  Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/02/2021 18:20	Type of Location Straight Road	
Location: KEW HEIGH	īs .			10772	
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Ciedi		Traffic Control: Not Controlled		Traffic Volume: Light	
Traffic Flow: Two Way					

Details of V	ehicle Invol	ved				
Vehicle No.	Type K	Make	Model	Color	Condition	No of Passenger
SJT2300Y	Car	MAZDA	CX-8 2.5 AT LUXURY 7 SEATER			0
SKP7300Z	Car	TOYOTA	WISH 1.8X CVT ABS D/AIRBAG 2WD 5DR			0, - 1 -





T/20210216/2004

Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914

Report No. T/20210216/2004

2 of 3

Tel No: 1800-5872999

CONTINUATION OF REPORT

# Brief Details.

On 15/02/2021 at 1800hrs, my vehicle bearing registration number plate SKP7300Z was parallel parked at Kew Heights. There was a motorcycle parked behind my vehicle. I then went to visit my ex-employer's home. Subsequently, I came back to the car at 1920hrs and discovered that there were scratches and dents on both left and right front sides of my vehicle and also a deep dent on the right of my vehicle's boot door.

I then took a look at the in-car camera footage and saw that a vehicle bearing registration number plate SJT2300Y collided into my vehicle at 1819hrs. The said vehicle reversed into my vehicle and then moved forward and drove off. I believed the scratches on the left side of the vehicle was caused by the impact of the initial collision which resulted in my vehicle to scratched onto something where my vehicle was parked.

I have in-car camera at the front of the vehicle. There were also bicycles and a rubbish bin in close proximity of where my vehicle was parked.



Police Station Of Origin: Changi N.P.C 9 Simei Street 2 SINGAPORE 529914 Tel No: 1800-5872999



3 of 3

Report No. T/20210216/2004

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:

Sgt 2 TOH KIAN HONG, LINUS

Signature Of Interpreter: Not applicable

Officer In Charge Of Case: TP / HRT /

Sr Staff Sqt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Authentication Stamp NP168

Signature Of Informant:

Date/Time:

16/02/2021 01:39

Classification Of Case: