

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 26/04/2021 18:21 (SGT)
Date of Accident 24/04/2021 13:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information 21 Marsiling Lane
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV1162B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO HENRY
NRIC No S8704811Z
Email Address teo_henry@hotmail.com
Mobile Phone No (Phone) +65-90716122
Alternative Phone No +65-90716122

VEHICLE PARTICULARS

Manufacturer Toyota
Model C-hr
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
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5106503829-02 (CLASSIC)
Cover Note Number -

DRIVER

Name of Driver TEO HENRY
NRIC No S8704811Z

Date Of Birth	13/02/1987
Occupation	Indoor
Date Of Driving Pass	20/12/2006
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90716122
Alt. Phone Number	+65-90716122
Email Address	teo_henry@hotmail.com
Address	607 WOODLANDS RING ROAD #08-249
Address complement	-
Postcode	730607
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)	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	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 T/20210424/7027

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG4664Y
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
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

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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.

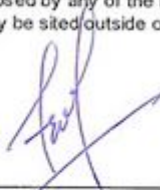
(collectively the "Purposes")

(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

Sketch Plan

IDAC KAKI BUKIT (VICOM LTD)

23 KAKI BUKIT AVENUE 4S(415933)

Witnessed by Reporting Centre Personnel

A: SLV1162B
B: GBG6446Y



Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT.

T/20210424/7027

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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

IDAC KAKI BUKIT (VICOM LTD)
 23 KAKI BUKIT AVENUE 4 S(415933)
 Witnessed by Reporting Centre
 Personnel



















SINGAPORE POLICE FORCE



T/20210424/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 35470000

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Report No. T/20210424/7027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/04/2021 18:32		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: TEO HENRY		Address: 607 WOODLANDS RING ROAD #08-249 SINGAPORE 730607	
ID Type / ID No.: NRIC NO / S8704811Z		Contact No.: Home/Office: Mobile: 90716122	
Nationality: SINGAPORE CITIZEN		Email: teo_henry@hotmail.com	
Sex: Male	Age: 34	Date of Birth: 13/02/1987	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Salesperson (door-to-door)		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: 24/04/2021 13:20	Type of Location: Loading and unloading bay
Location: MARSILING LANE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBG4664Y	Lorry	TOYOTA		Silver		0
SLV1162B	Car	TOYOTA	CHR	White	Slightly Damaged	0



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



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Report No. T/20210424/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TEO HENRY	ID No.	S8704811Z
Related Vehicle	SLV1162B (Car)	Contact No.	90716122
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 24/04/2021 at 1315hrs, I parked my vehicle bearing registration number SLV1162B at the loading and unloading bay of Marsiling Wet Market.

Later at 1320hrs, I returned back to my vehicle and discovered that there was a damage on the front left portion of my vehicle. It looks like a sharp item had collide onto my vehicle.

There is an in-vehicle camera installed in my vehicle. I went to make a check and saw a lorry bearing registration number GBG4664Y was trying to park head into one of the parking lot, however reverse again as he could have collided onto my vehicle.



SINGAPORE POLICE FORCE



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Report No. T/20210424/7027

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/04/2021 18:32

Classification Of Case: