

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 29/04/2021 15:10 (SGT)
Date of Accident 26/04/2021 18:38 (SGT)
Exact Location of Accident Singapore
Additional Location Information 228 SERANGOON AVENUE 04 BOUNDARY VILLE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV4163C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TANG CHENG YE (TANG JINGYI)
NRIC No SXXXX694J
Email Address carolynn_tang@hotmail.com
Mobile Phone No (Phone) +65-88231100
Alternative Phone No +65-88231100

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model MITSUBISHI / LANCER 1.6 M
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
Transmission Manual
CC 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5110759731-01
Cover Note Number -

DRIVER

Name of Driver TANG CHENG YE (TANG JINGYI)
NRIC No SXXXX694J

Date Of Birth	09/06/1980
Occupation	Indoor
Date Of Driving Pass	09/06/2016
Driving experience	4 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88231100
Alt. Phone Number	+65-88231100
Email Address	carolynn_tang@hotmail.com
Address	BLK 307D #11-92 ANCHORVALE ROAD ANCHORVALE PLACE
Address complement	-
Postcode	544307
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	Collided into Parked Vehicle
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.F/20210428/7002;

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	WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9807M
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Taxi
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' 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.

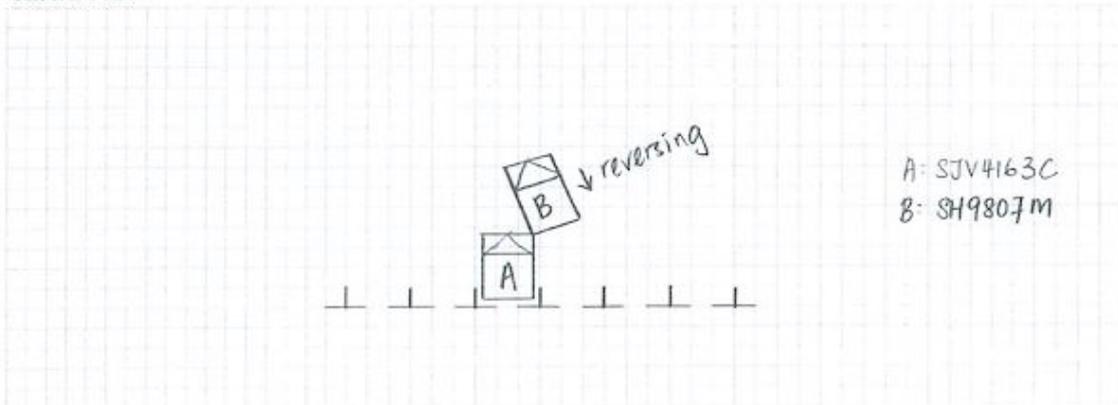
IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel **29 APR 2021**

Sketch Plan





















**SINGAPORE
POLICE FORCE**



F/20210428/7002

1 of 3

POLICE REPORT (NP299)

Report No. F/20210428/7002

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 28/04/2021 00:43	Vide Report No.	Station Diary No.	
Name Of Informant TANG CHENG YE	Address 307D ANCHORVALE ROAD #11-92 SINGAPORE 544307		
ID Type / ID No. NRIC NO / S8018694J	Contact No. Home/Office:	Mobile: 88231100	
Nationality SINGAPORE CITIZEN	Email Address CAROLYNN_TANG@HOTMAIL.COM		
Occupation Unemployed	Sex Female	Age 40	Date of Birth 09/06/1980
Institution/School Name	Race Chinese		
Date/Time Of Incident 26/04/2021 18:35 - 26/04/2021 18:45	Language English		
	Location Of Incident 228 SERANGOON AVENUE 4 BOUNDARY VILLE SINGAPORE 550228		

Brief details.

Hit and run.

The comfort taxi hit my car (Sliver Mitsubishi Lancer), SJV4163C while reversing. He hit twice and moved to the front lot and stopped a while. The male driver then moved towards my car, stopped in front without getting off and took a look at my car and drove off when he saw someone approaching my vehicle.

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: 28/04/2021 00:43
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



F/20210428/7002

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210428/7002

I wish to state that i did not witness it but my car camera caught the action. I also wish to state that due to the angle, the carplate is not very visible.

I wish to lodge this report and reserve all rights to do an insurance claim against the comfort taxi driver for his dishonest action of hit and run and causing damage to my vehicle on Monday, 26 April 2021 at around 6.38pm.

Subjects Involved			
Suspect			
Person Name	Unknown		
Gender	Male	Age	45-65
Race	Chinese	Occupation	Taxi driver
Victim			
Person Name	TANG CHENG YE		
ID Type	NRIC NO	ID No	S8018694J
Gender	Female	Age	40
Race	Chinese	Language	English
Occupation	Unemployed	Address	307D ANCHORVALE ROAD #11-92 SINGAPORE 544307
Mobile No	88231100	Is Informant A Victim?	Yes
Person Name	TANG CHENG YE (Informant)		

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: 28/04/2021 00:43
Officer In-Charge Of Case:	Classification Of Case:

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**SINGAPORE
POLICE FORCE**



F/20210428/7002

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No. : SV0L214T0008 Vehicle Registration No. : SJV4163C
 Name (as shown in NRIC) : TANG CHENG YE (TANG JINGYI) NRIC/FIN/Passport No. : SXXXX894J
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 307D #11-92 ANCHORVALE ROAD ANCHORVALE PLACE Singapore (544307)
 Contact (Tel) : _____ Mobile No. : 88231100
 Email Address : _____
 Date of Accident : 26/04/2021 Time of Accident : 8:38
 Place of Accident : 228 SERANGOON AVENUE 04 BOUNDARY VILLE
 Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

UPLOAD POLICE REPORT

FILE BY SITI
 Policyholder / Driver's Signature
 Date: 30-04-2021

IDAC VICOM KAKI BUKIT
 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: 30-04-2021