

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 10/05/2021 11:24 (SGT)
Date of Accident 09/05/2021 18:15 (SGT)
Exact Location of Accident 201D Tampines Street 21, Singapore 524201
Additional Location Information CARPARK OF 201D TAMPINES STREET 21
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGU2977A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GOI KAR PENG
NRIC No SXXXX041B
Email Address plaben99@yahoo.com
Mobile Phone No (Phone) +65-97702977
Alternative Phone No +65-97702977

VEHICLE PARTICULARS

Manufacturer Subaru
Model Forester
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1995

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5103982131-02
Cover Note Number 30/09/2020 - 29/09/2021

DRIVER

Name of Driver GOI KAR PENG
NRIC No SXXXX041B

Date Of Birth	09/02/1977
Occupation	Outdoor
Date Of Driving Pass	09/07/1999
Driving experience	21 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97702977
Alt. Phone Number	+65-97702977
Email Address	plaben99@yahoo.com
Address	5 SEA BREEZE WALK
Address complement	-
Postcode	487393
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)	1
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

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS EXITING THE CARPARK AND AS I WAS DRIVING OUT. I FELT A BUMPED FROM THE REAR, I SPOTTED A VAN ON MY REAR AND PLACED THE HAZARD LIGHT. I SIGNALLED THE VAN DRIVE TO STOP IN FRONT. HOWEVER, THE VAN DRIVER OVER TAKE MY VEHICLE AND DROVE OFF. I GOT OUT OF MY VEHICLE TO MAKE A CHECK AND SAW SCRATCHES ON MY BUMPER. I HAVE IN-CAR CAMERA IN MY VEHICLE.

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	OVERWRITE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX2005P
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

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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

CARPARK OF 201D
TAUJINES ST 21.

VEH A: SGUJ977A

VEH B: GX200SP





**SINGAPORE
POLICE FORCE**



T/20210509/2080

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

1 of 3

Report No. T/20210509/2080

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2021 22:36	Video Report No.:	Station Diary No.: 66
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Informant's Particulars

Name of Informant: GOI KAR PENG			Address: 5 SEA BREEZE WALK SINGAPORE 487393		
ID Type / ID No.: NRIC NO / S7704041B			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office: Mobile 97702977		
Email:					
Sex: Male	Age: 44	Date of Birth: 09/02/1977	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab			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: 09/05/2021 18:15	Type of Location:
Location: TAMPINES STREET 21				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX2005P	Van				No Damage	1
SGU2977A	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Brown	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGU2977A	NTUC Income Insurance Co-Operative Limited	5103982131-02	30/09/2020	29/09/2021



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T/20210509/2080

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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

2 of 3

Report No T/20210509/2080

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location. I was exiting the carpark and as I was driving out I felt a bumped from the rear, I spotted a van on my rear and placed the hazard light. I signaled the van drive to stop in front. however, The van driver over take my vehicle and drove off. I got out of my vehicle to make a check and saw scratchers on my bumper. I have in-car camera in my vehicle.



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T/20210509/2080

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Tel No: 1800-5872999

3 of 3
Report No. T/20210509/2080

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 2 MUHAMMAD HAIRULNIZAM BIN HAMRAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/05/2021 22:38
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032	Classification Of Case:

Authentication Stamp
NP168

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