SN07212Q000G / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 26/02/2021 21:14 (SGT) SUBMITTED BY: Tee Hong Da VERSION: 1 (26/02/2021 21:14 (SGT))



# 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 witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident

**Exact Location of Accident** Additional Location Information Country/State of Loss

26/02/2021 21:14 (SGT) 25/02/2021 07:00 (SGT)

Singapore

OPEN SPACE CARPARK OF BLK 406 TAMPINES ST 41 LOT 272

Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMY3114A

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

Email Address Mobile Phone No

Alternative Phone No

No

MIKKI CH'NG MAY KHEE

S6970672Z

MICKYCMK@GMAIL,COM (Phone) +65-94383687

+65-94383687

VEHICLE PARTICULARS

Manufacturer

Model Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

vour vehicle?

Vehicle Category

Hyundai

Elantra

Private use

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number Cover Note Number NTUC

Comprehensive

5119723157

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

FONG SEBERT S9735813C 19/10/1997 Indoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

Email Address

Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt, Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

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Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number

Hit and run / Vandalism / Damaged whilst parked

Clear Dry

19/07/2016

Male

520406

No

No

Child

4 YEARS AND 7 MONTHS

SEBERTFONG@GMAIL.COM

BLK 406 TAMPINES ST 41 #07-01

(Phone) +65-94383687

No

2

No

Yes

0

No

Yes

Geylang Neighbourhood Police Centre

(Phone) +65-18008486999

(Fax) +65-68486799

1 Cassia Link Singapore 397618

No

-

DETAILS OF OTHER VEHICLE PROPERTY 1

No

No

No

SHA1581H

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-

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-

Taxi

UNKNOWN

-

Accident report SN07212Q000G

Page 2 of 12

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.
- 2. 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,
- 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 faise reporting may be referred to the Police for investigation.
- The 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 ladgment 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)
  - (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.
- 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.

Policyholder's Signature

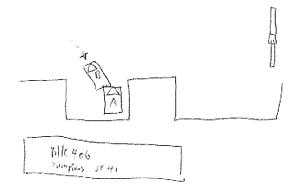
Date & Time: 26/4/2411

Driver's Signature (If driver is not the policyholder) Date & Time: 21/62/2024 Doctors

Reporting Centre Personnel's Signature

Name: Floring Pa NRIC/FIN NO.: 59% STY SKETCH PLAN

Open Space carport



A: SM V3114A B: SH A1581H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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A SECURIO DE LA CASA D	
	APPROVING THE ANALYSIS AND
	**************************************
	1971 - The reference of the region of the State of the St

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 21/22/2011 2049/41

Oriver's Signature
(if driver is not the policyholder)
Date & Time: 26/02/2014 28/02/57

Reporting Centre Personnel's Signature Name: Hogh NRIC/FIN No. 482-338





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 1 of 3 Report No. T/20210226/2097

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2021 17:58		Vide Report No.:	Station Diary No.: 71		
Informa	nt's Partic	ulars			
	ne of Informant:  Address:  APT BLK 406 TAMPINES STREET 41 #07-01 SINC			ES STREET 41 #07-01 SINGAPORE	
	/ ID No.: D / S97358 <sup>,</sup>	13C	Contact No.: Home/Office: Mobile: 94383687		
National SINGAP	ity ORE CITIZ	EN	Email:	and and the second seco	
Sex: Male	Age: 23	Date of Birth: 19/10/1997	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Student		Driving Licence Inform Class: 3	ation: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/02/2021 07:00	Type of Location Car Park	
Location: TAMPINES S	TREET 41				
Weather: Road		Road Surface:		Road Speed Limit:	
Traffic Flow:	CONTRACTOR	Traffic Control.		Traffic Volume:	
Type of Collis	ion: le Against - Parked Vi	er en	ningan nama na manana a sa 1964 pinang na kitab na na na na namanana na na na namana na na na na na na na na n Na na	Anyone conveyed by	

Details of Ve	hicle Involved		· Esa Sa o - cossa.	The state of the s		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMY3114A	Car				Slightly	0
	Markey C. 1./100411.1.				Damaged	a i i i i i i i i i i i i i i i i i i i

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 2 of 3 Report No. T/20210226/2097

#### CONTINUATION OF REPORT

Name	FONG SEBERT		ID No.	S9735813C
Related Vehicle	NIL	WWW.	Contact No.	94383687
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge NIL	#ilioneennete terkentekstatioksikkääätävää entonteksiä, täte entille eäätetetä 160 00 tulionete <del>täivätätäine ta toha</del> T
No. of Days gran	ted Medical Leave NIL	Degree of	f Injury NIL	

## Brief Details.

On 24.02.2021 at about 2300hrs, I parked the said vehicle registration number SMY3114A at open space carpark lot number 272 at Blk 406 Tampines street 41. Everything was intact. On 25.02.2021 at about 1500hrs, I drove the car however at that point of time I did not make a check on the vehicle. Today at about 1100hrs, I had went to Caltex East Coast road for car wash. Subsequently, I notice there is scratches on the front left bumper. I then retrieve my in car camera and it capture on 25.02.2021 at about 0700hrs, while my said vehicle was parking inside lot number 272 one of the taxi registration number SHA1581H while reversing the vehicle and the said taxi had hit into my front bumper.





Police Station Of Origin: Geylang N.P.C 1 Cassia Link SINGAPORE 397618 Tel No: 1800-8486999 3 of 3 Report No. T/20210226/2097

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 NOORUL NADIAH BINTE HAIRON HANWAR	Signature Of Informant:
HANVAR	
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2021 17:58
055	Roberts and the second
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt IRMAN BIN MOHAMAD SAID	
Contact No.: 65476145	
Authentication Stamp NP168	The state of the s