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 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 21/06/2021 14:15 (SGT) Date of Accident 20/06/2021 14:40 (SGT) Exact Location of Accident Singapore Additional Location Information MSCP AT TAMPINES NORTH DR 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ5699T

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE JIA HAO KRIS NRIC No. SXXXX192H Email Address KRISZLEE1991@GMAIL.COM Mobile Phone No (Phone) +65-92349610 Alternative Phone No +65-92349610

VEHICLE PARTICULARS

Manufacturer Volvo Model V40 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 1600

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5119553566 Cover Note Number DRIVO CLASSIC

DRIVER

Name of Driver LEE JIA HAO KRIS NRIC No. SXXXX192H

Date Of Birth 23/01/1991 Occupation Indoor Date Of Driving Pass 02/06/2018 Driving experience 3 YEARS Gender Male Mobile Number (Phone) +65-92349610 Alt. Phone Number +65-92349610 Email Address KRISZLEE1991@GMAIL.COM Address BLK 614B TAMPINES NORTH DR 1 #07-284 Address complement Postcode 522614 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 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) 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? Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT SEE ATTACHED POLICE REPORT NO: T/20210620/2064 ATTACHMENT(S) Are accident photos available for attachment? No Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident ADVISE TO EMAIL TO NTUC INCOME Was there any audio recorded? Yes **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBJ9132S** 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	VEHICLE B
No. Of Passenger (Including Driver)	-
5 (5)	

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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.
- 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.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

NSCP tamping North Dr 1

Describe Circumstances of the Accident attached

see

Declaration We declare the foregoing particulars are true in every respect.	

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

No: T/2021062012064

Witnessed by Reporting Centre

Personnel





Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3

Report No. T/20210620/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2021 21:35		/lade:	Vide Report No.: G/20210620/0187	Station Diary No. 105	
Informa	nt's Partic	ulars			
Name of Informant: LEE JIA HAO KRIS			Address: APT BLK 614B TAMPINES NORTH DRIVE 1 #07-284 SINGAPORE 522614		
ID Type / ID No.: NRIC NO / S9170192H			Contact No.: Home/Office:	Mobile: 92349610	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 23/01/1991	Type of Informant: Vehicle Owner		
Race: Chinese			Language:	Institution / School Name:	
Occupation:			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/06/2021 14:40	Type of Location Car Park	
Weather:	ORTH DRIVE 1	Road Surface:		Road Speed Limit:	
Clear Traffic Flow: One Way		Dry Traffic Control: Not Controlled		Traffic Volume: No Traffic	
One Way		Type of Collision: Moving Vehicle Against - Parked Vehicle			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKJ5699T	Car				Slightly Damaged	0





2 of 3 Report No. T/20210620/2064

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682

CONTINUATION OF REPORT

Brief Details.

Tel No: 1800-5871999

On 20/06/2021 at about 1215hrs, I parked my car bearing plate no. SKJ5699T at Block 613 Tampines North Drive 1, Deck 3A Lot No. 62. Everything was intact.

On the same day at about 1500hrs, my parents came over to my house and saw the status of my car and informed me about it. I went to take a look at my car and discovered that my car front bumper was badly damaged and dropped off as such I called for the police. I was attended by the traffic police. One of the car owner (Mr Lam, H/p: 9822 4955) who parked at the same deck came to retrieve the car and I managed to get the in-car camera video recording from him. The video recording showed that a white van hit my car and left on 20/06/2021 at about 1438hrs.

After the incident, I did walk around the carpark and suspects that the van bearing plate no. GBJ9132S was the van that hit my car. The van has dent and scratches on the front left bumper.

I would like to state that I have in-car camera in my car but it did not capture any recording of the incident. The car, is my own personal car.

No note was left behind.

No one was injured. No government property was damaged.

I am lodging my police report as requested by the traffic police who attended my incident.





Police Station Of Origin: Tampines N.P.C

Report No. T/20210620/2064

3 of 3

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

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.

G / Insp TAN YU KAI, JUSTIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2021 21:35
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 85476902 FORC / 1	Classification Of Case:
Authentication Stamp	