

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 willful 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 03/07/2021 09:26 (SGT)
Date of Accident 01/07/2021 13:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information Kampong Kayu Road OSCP, JB4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW2283H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SOH CHIN HUAT
NRIC No S7214986F
Email Address Chin_chunese_antique@yahoo.com.sg
Mobile Phone No (Phone) +65-97657177
Alternative Phone No +65-97657177

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 2400

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5091916214-03
Cover Note Number drivo CLASSIC (E.W)

DRIVER

Name of Driver SOH CHIN HUAT
NRIC No S7214986F

Date Of Birth 12/04/1972
Occupation Indoor
Date Of Driving Pass 23/07/1992
Driving experience 29 YEARS
Gender Male
Mobile Number (Phone) +65-97657177
Alt. Phone Number +65-97657177
Email Address Chin_chunese_antique@yahoo.com.sg
Address 25 TERRASSE LANE #01-27 TERRASSE
Address complement -
Postcode 544776
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 vehicle 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 Hougang Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18004890999
Alt. Police Station Phone No (Fax) +65-63128989
Police Station Address 60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN / POLICE REPORT

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 FILES SIZE TOO BIG TO BE UPLOADED
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number GBC1547T
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) -

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 03/07/2021 09:08

Report No. MIT _____

D.O.A: 01/07/2021
Time: 13:50 hrs

Vehicle No. SGW228MI

Reporting Type: _____

SKETCH PLAN

IMPORTANT NOTICE

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7. By the lodgment 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.
- (d) 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.

03/07/21 / 9:08

Policyholder's Signature / Date & Time

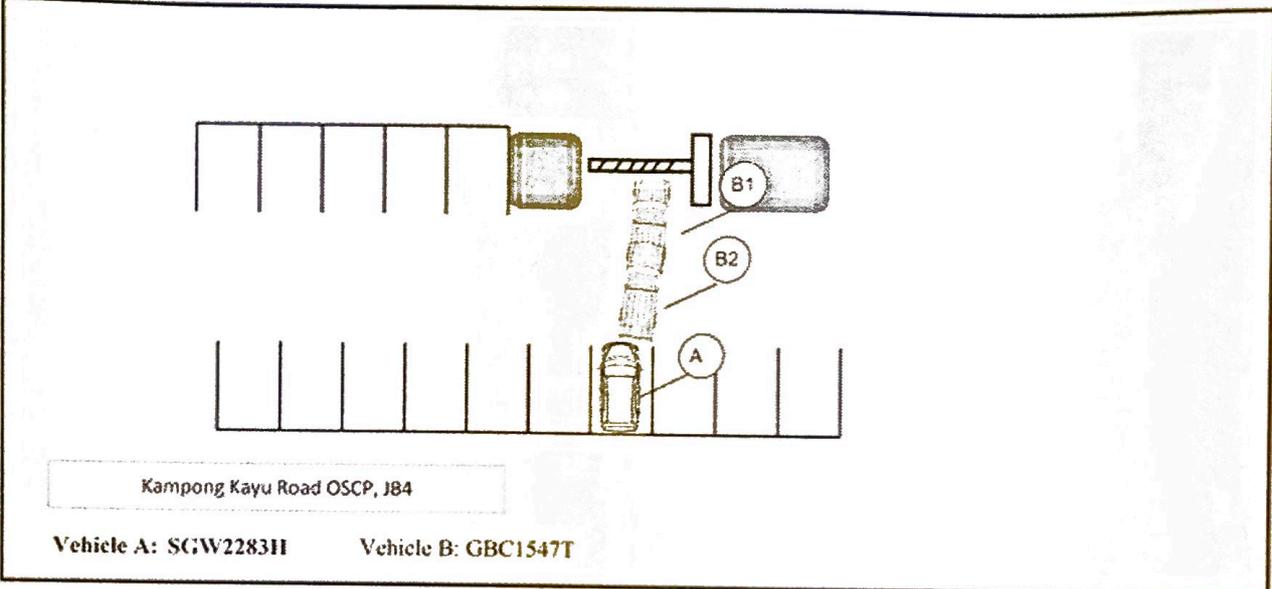
03/07/21 / 9:08

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

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Declaration

We declare the foregoing particulars are true in every respect.

03/07/21 / 9:08

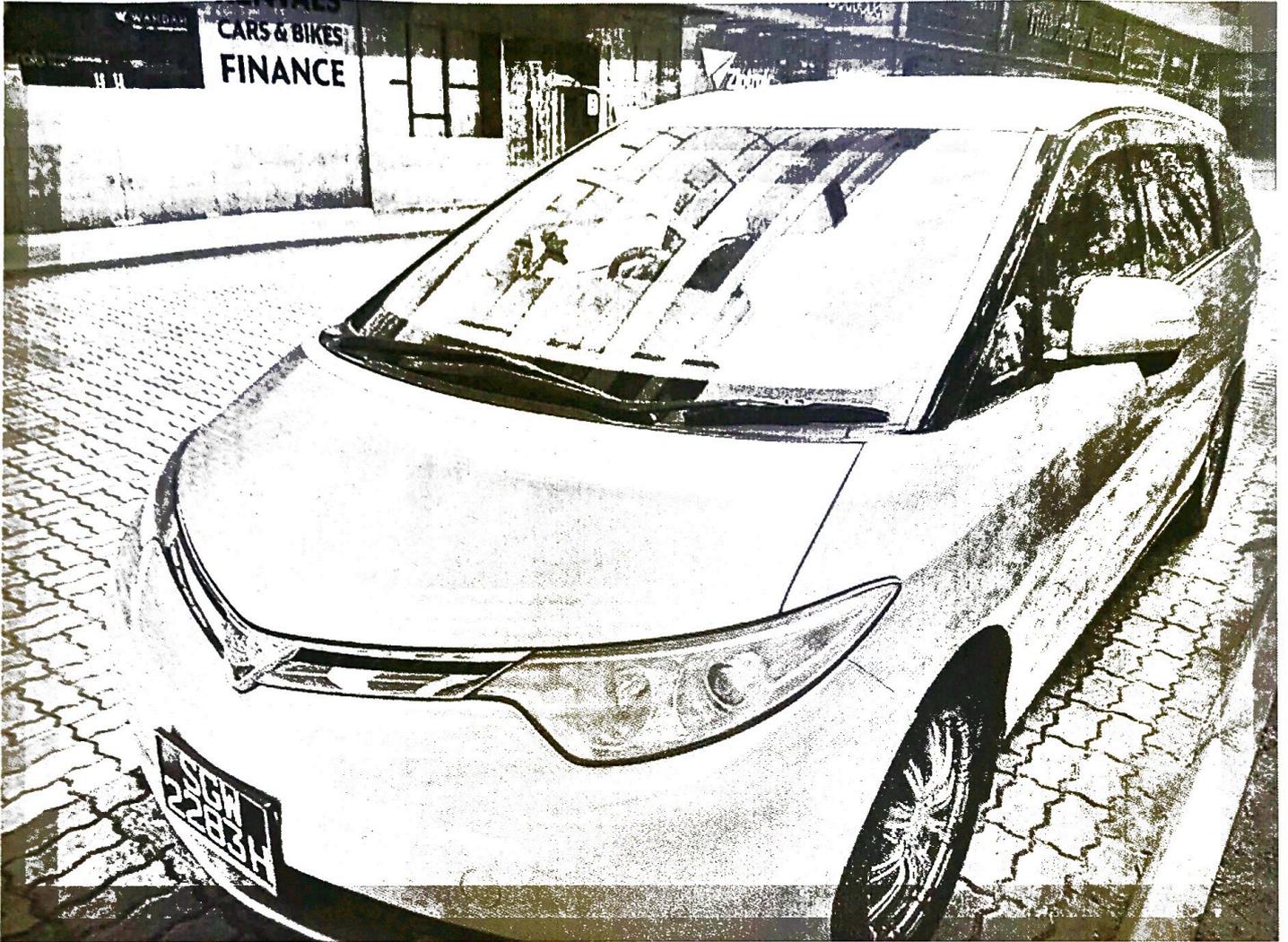
Policyholder's Signature / Date & Time

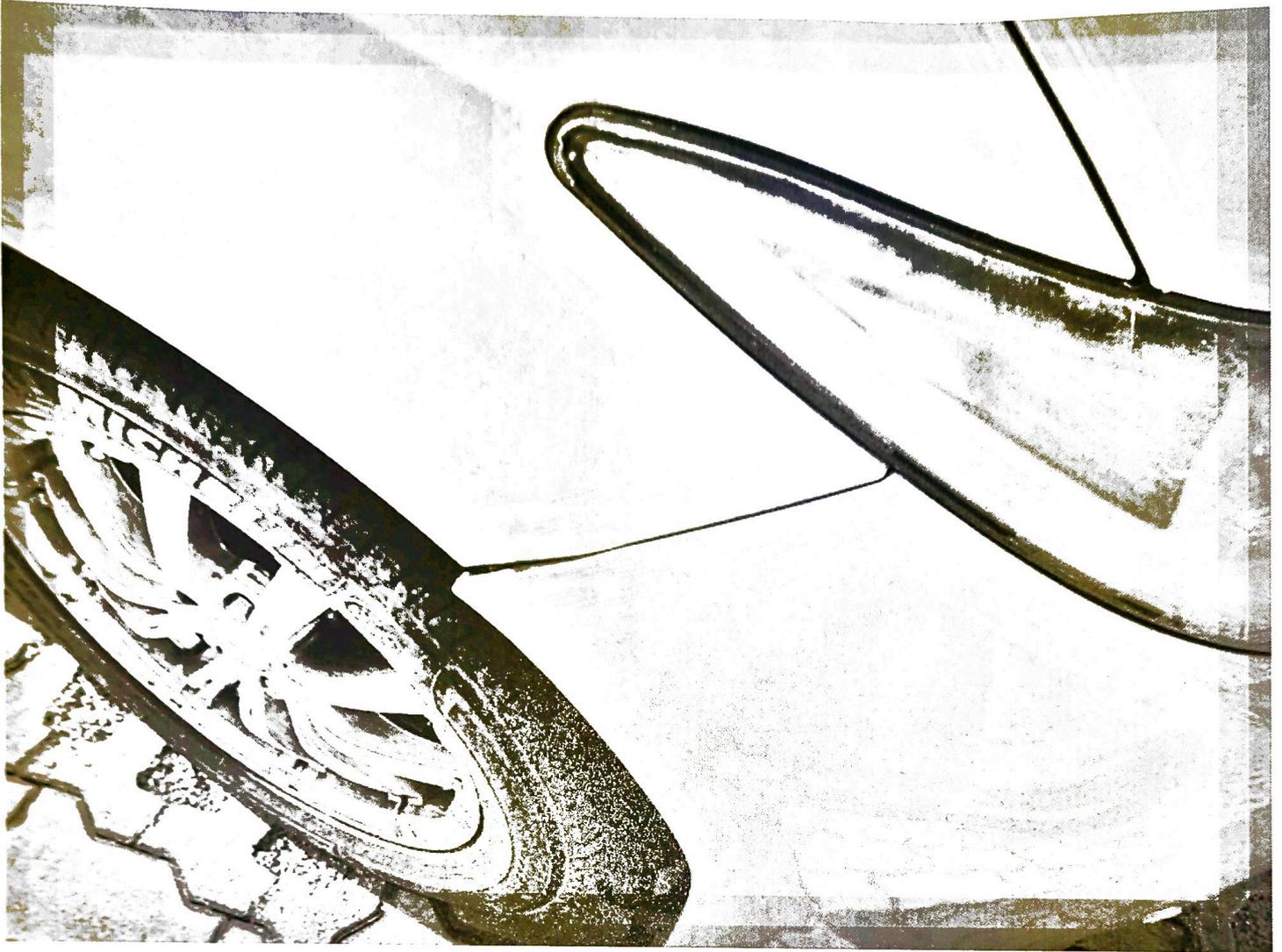
03/07/21 / 9:08

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

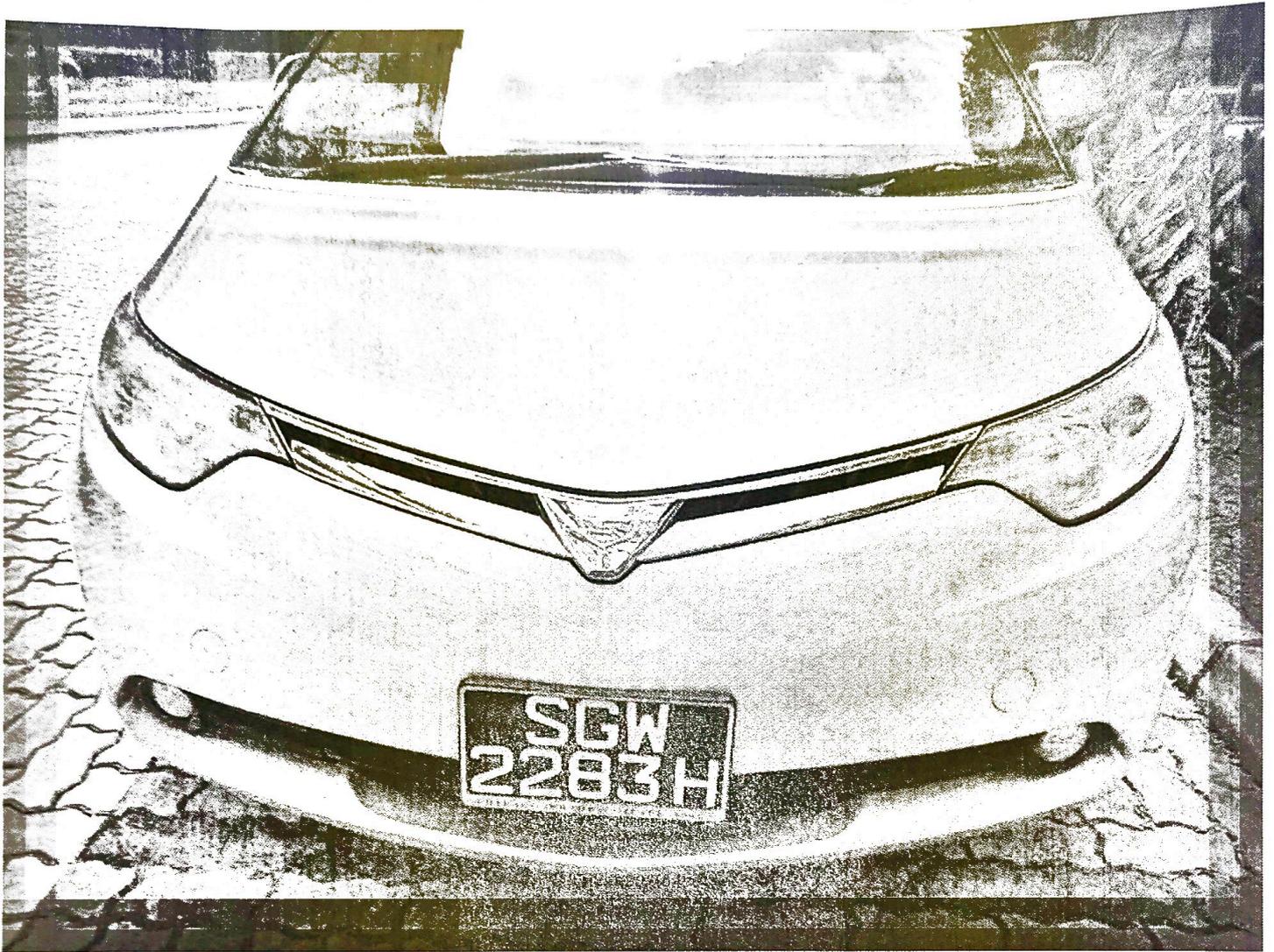
Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

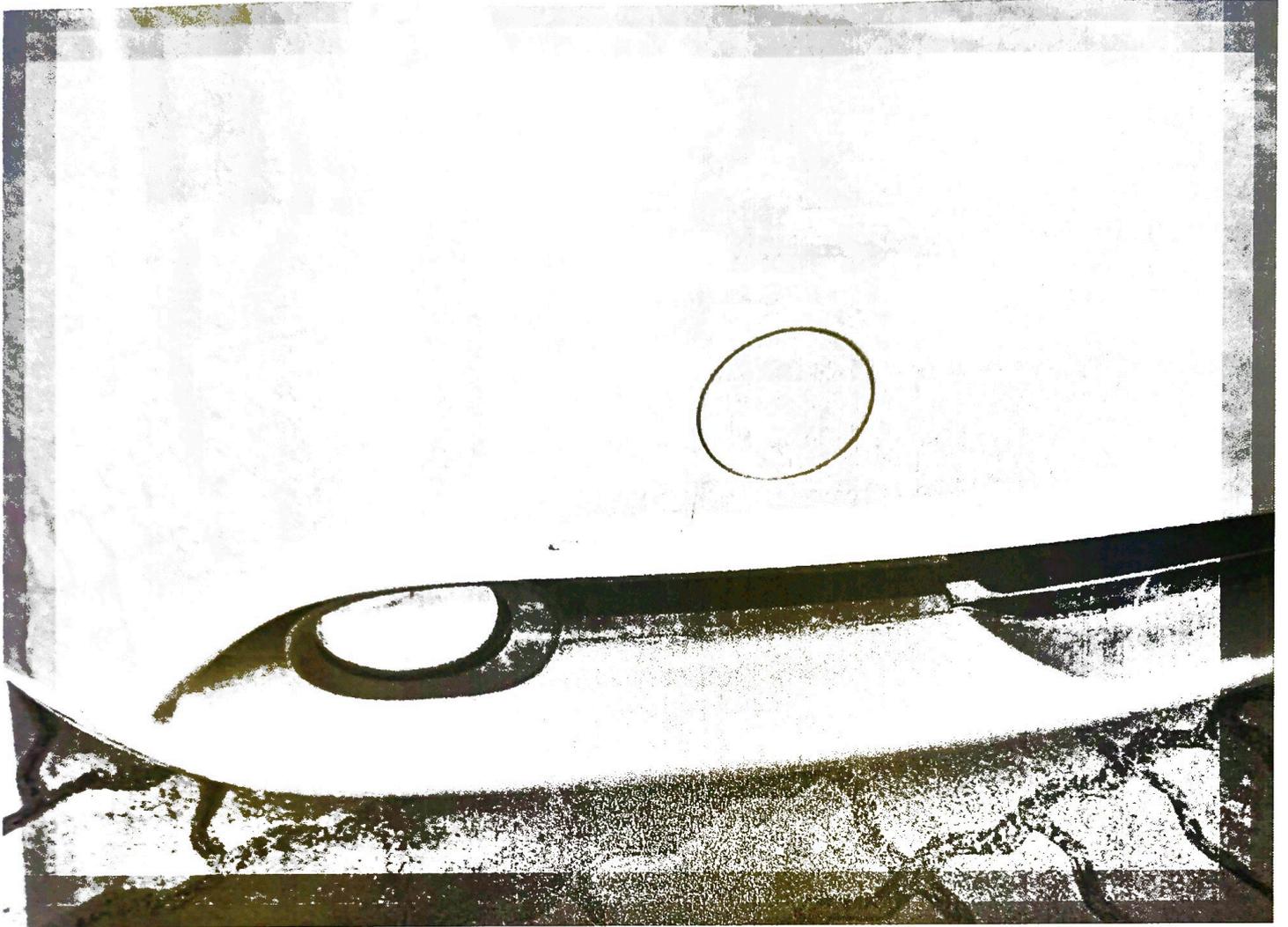
Witnessed by Reporting Centre Personnel





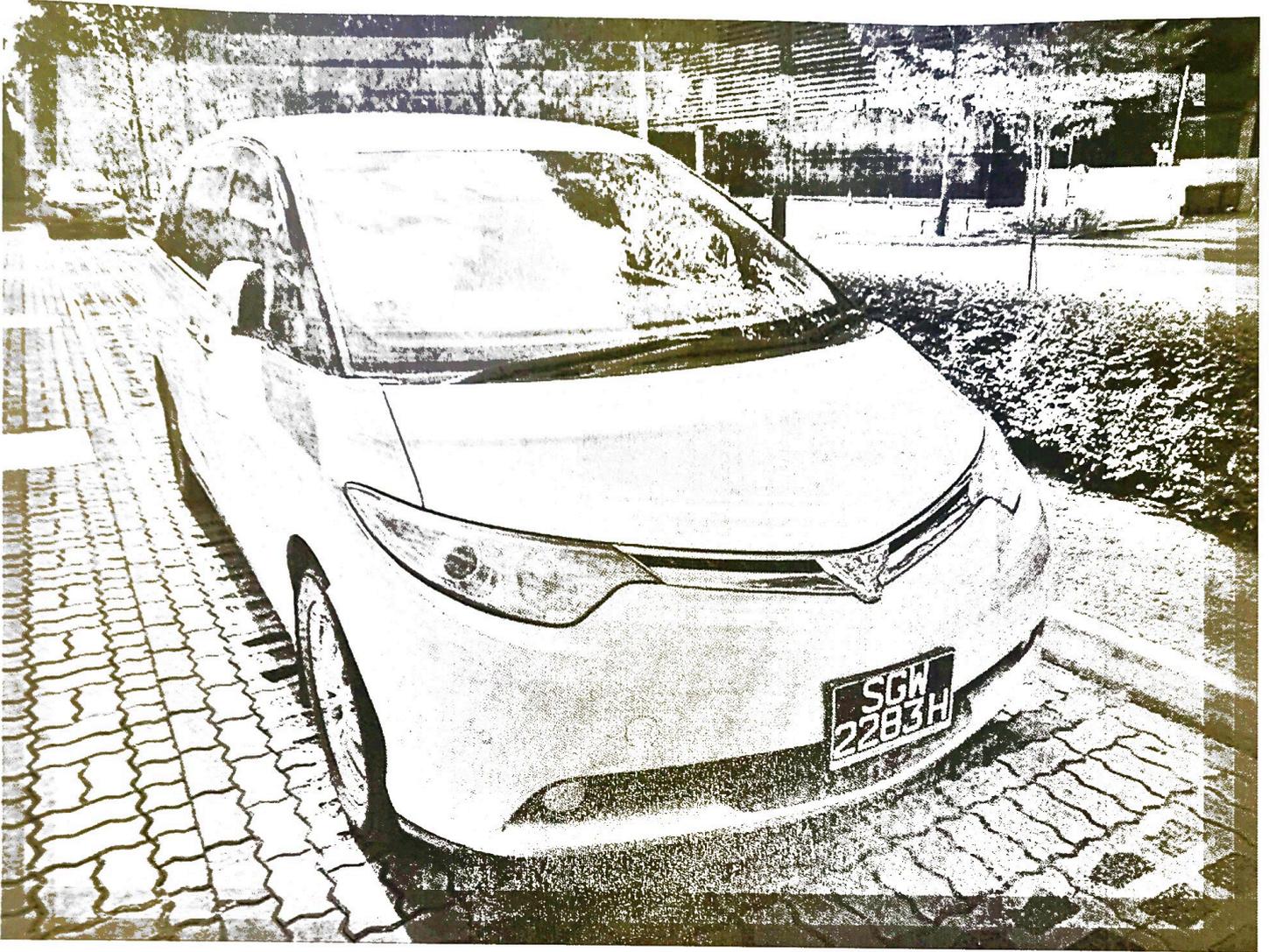














SINGAPORE
POLICE FORCE



T/20210702/2091

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210702/2091

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/07/2021 18:59		Vide Report No.:		Station Diary No.: 94	
Informant's Particulars					
Name of Informant SOH CHIN HUAT			Address: 25 TERRASSE LANE #01-27 SINGAPORE 544776		
ID Type / ID No.: NRIC NO / S7214986F			Contact No.: Home/Office: Mobile: 97657177		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 12/04/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: carpenter			Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/07/2021 13:50	Type of Location: CARPARK
Location: KAMPONG KAYU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC1547T	Lorry			Silver	No Damage	0
SGW2283H	Car	TOYOTA	ESTIMA 2.4 A	Silver	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGW2283H	NTUC Income Insurance Co-Operative Limited	5091916214-03	10/07/2020	09/07/2021



SINGAPORE
POLICE FORCE



T/20210702/2091

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210702/2091

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH CHIN HUAT	ID No.	S7214986F
Related Vehicle	SGW2283H (Car)	Contact No.	97657177
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/07/2021 at about 1250hrs, I parked my vehicle (SGW2283H) at Lot number 1 at Kampung Kayu JB4 Exit 1 open carpark and everything was intact. On 02/07/2021 at about 0830hrs, I went to my vehicle and discovered there were damages at the front portion of my vehicle. My car has an in-car camera that operates 24hour and managed to capture the incident. I watch back my in-car-camera and discovered on 01/07/2021 at about 1349hrs, there was a silver lorry with registration plate number GBC1547T in front of my vehicle and was reversing his vehicle all the way. The lorry then hit the front portion of my vehicle and stopped his vehicle and drove off. In the footage, there was an impact sound when the lorry hit my vehicle. The driver did not alight to make a check and just drove off.

The damages on my lorry are dents on the front bumper and the front bumper came off. At that point of time, there were no one in the car. I have saved the said footage.



SINGAPORE
POLICE FORCE



T/20210702/2091

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20210702/2091

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:
F /
Sgt 2 NURUL NATASHA BINTE MUALIM 

Signature Of Informant:


Signature Of Interpreter:
Not applicable

Date/Time:
02/07/2021 18:59

Officer In Charge Of Case:
TP / HRT /
Contact No.:

Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE
POLICE FORCE
www.singaporepolice.com
 SN 77
SIGNATURE



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S46550020G / 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 : SN0721730002 Vehicle Registration No: SGW2283H

Name(as shown in NRIC) : SOH CHIN HUAT NRIC/FIN/Passport No : S7214986F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore()

Contact (Tel) : Mobile No. : S7214986F

Email Address :

Date of Accident : 01/07/2021 Time of Accident : 13:50

Place of Accident : Kampong Kayu Road OSCP, JB4

Insurance Company: NTUC INCOME

(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:

ATTACH POLICE REPORT

Multiple horizontal lines for providing additional information or amendments.

X [Signature]
Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: