

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 19/08/2021 11:44 (SGT)
Date of Accident 18/08/2021 22:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information Verde View
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMS9573A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHU XUE JUN
NRIC No S9031867E
Email Address HELLOXUEJUN@GMAIL.COM
Mobile Phone No (Phone) +65-91892318
Alternative Phone No +65-91892318

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Swift
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 1200

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120960648
Cover Note Number drivo PREMIUM

DRIVER

Name of Driver CHU XUE JUN
NRIC No S9031867E

Date Of Birth	31/08/1990
Occupation	Indoor
Date Of Driving Pass	15/11/2010
Driving experience	10 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91892318
Alt. Phone Number	+65-91892318
Email Address	HELLOXUEJUN@GMAIL.COM
Address	127 VERDE VIEW
Address complement	-
Postcode	688720
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	3
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	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2747D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire

Name of Driver	VINCENT CHUA
Contact Number	(Phone) +65-98736981
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNB6588E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	XU XINFA
NRIC No	S9440235B
Contact Number	(Phone) +65-98314897
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: 19.08.2021 / 11:20

Report No: MT/ _____

D.O.A: 18/08/2021
Time: 22:30 hrs

Vehicle No: SMS9573A Reporting Type: _____

SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **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 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.

19/08/21 / 11:20

Policyholder's Signature / Date & Time

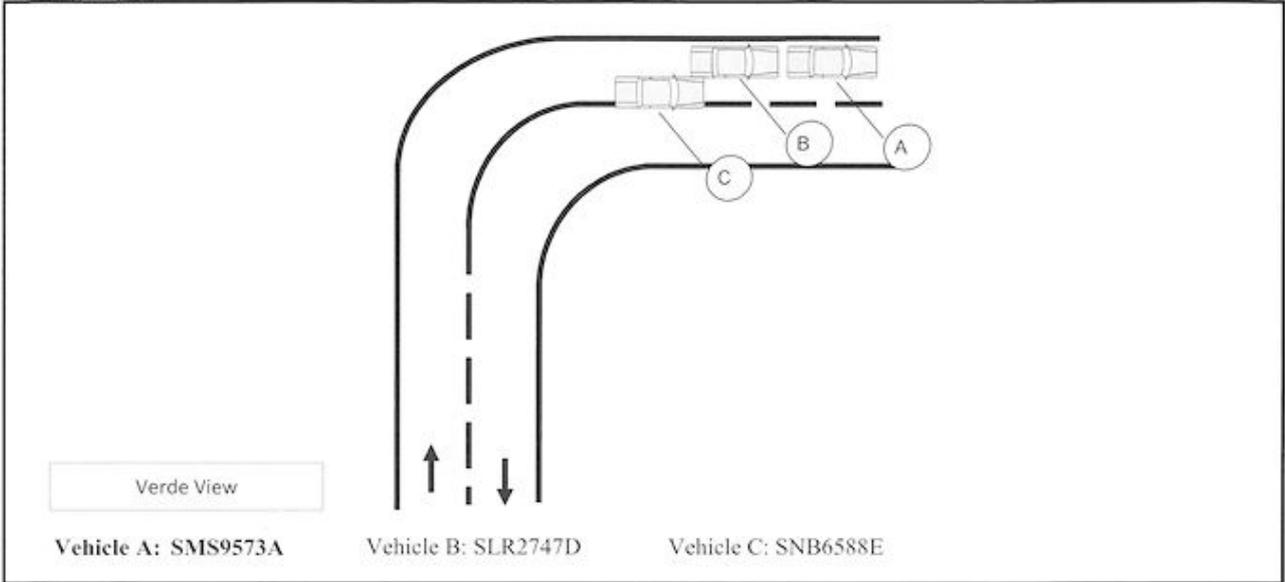
19/08/21 / 11:20

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

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


19/08/21 / 11:20
Policyholder's Signature / Date & Time

19/08/21 / 11:20
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/20210819/2005

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210819/2005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS9573A	NTUC Income Insurance Co-Operative Limited	5120960648	23/03/2021	22/03/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	VINCENT CHUA		ID No.	NIL
Related Vehicle	SLR2747D (Car)		Contact No.	98736981
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	CHU XUE JUN		ID No.	S9031867E
Related Vehicle	SMS9573A (Car)		Contact No.	91892318
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	XU XINFU		ID No.	S9440235B
Related Vehicle	SNB6588E		Contact No.	98314897
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL



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T/20210819/2005

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Tel No: 1800-7659999

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Report No. T/20210819/2005

CONTINUATION OF REPORT

Brief Details.

On 18/08/2021 at about 2230hrs, I was on the phone at home when suddenly I heard a loud screech and bang outside my house. I went and take a look from the window and saw a black Mercedes (SNB6588E) in an awkward position outside No.134 Verde View, behind a parked car. I did not see the driver or passenger alight from the Mercedes. Subsequently, the Mercedes reversed and drove off quickly. I went down and discovered that the parked car (SLR2747D) front bumper had collided onto my rear bumper of my car (SMS9573A). I did not see the Mercedes and the driver around. Immediately, at about 2236hrs, I called for Police Assistance.

There was a crowd gathered to check on what's happening. Soon after, Traffic Police came and managed to identify the driver of the Mercedes. The driver then shared his name and contact number to me. the driver informed me that he was driving his drunk father home and he rarely drives the Mercedes. He further informed the music in the car was very loud so he did not hear the impact.

Traffic Police then advised me to lodge a Traffic Accident Report.



**SINGAPORE
POLICE FORCE**



T/20210819/2005

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20210819/2005

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: J / Sgt 3 MUHAMMAD SHA'ARI BIN ABDUL RASHID	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 19/08/2021 00:51
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No.: 65476902	Classification Of Case:
Authentication Stamp NP168	