

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	01/10/2021 17:25 (SGT)
Date of Accident	30/09/2021 06:30 (SGT)
Exact Location of Accident	53 Ubi Ave 1, Singapore 408934
Additional Location Information	PAYA UBI INDUSTRIAL PARK CARPARK LOT C174
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL1851S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AKARUI PTE. LTD.
Company Reg No	201324758H
Email Address	FULLSTOP423@GMAIL.COM
Mobile Phone No	(Phone) +65-85117028
Alternative Phone No	(Home) +65-85117028

VEHICLE PARTICULARS

Manufacturer	Maxus
Model	G10
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122334048
Cover Note Number	-

DRIVER

Name of Driver	CHIN VOON PENG
Passport No/FIN	G7948392W

Date Of Birth	04/10/1985
Occupation	Outdoor
Date Of Driving Pass	09/03/2009
Driving experience	12 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85117028
Alt. Phone Number	-
Email Address	FULLSTOP423@GMAIL.COM
Address	APT BLK 305B ANCHORVALE LINK #06-59
Address complement	-
Postcode	542305
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

SKETCH PLAN

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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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As a police Report F/20210730/2120

DECLARATION

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



Policyholder's Signature Date
& Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/EIN No:













CHASSIS NO.	: LSKG4AL11MA052180
U.W.	: 1780 KG
M.L.W.	: 3000 KG
PASS.CAP	: 1 DRIVER 1 OTHERS
TYRE SIZE	: F215/70R16C
	: R215/70R16C (S)





**SINGAPORE
POLICE FORCE**



F/20210930/2120

1 of 2

Report No. F/20210930/2120

POLICE REPORT (NP299)

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Date/Time Report Made 30/09/2021 22:51	Vide Report No. G/20210930/0099	Station Diary No. 127
Name Of Informant TEO SONG CHEONG	Address APT BLK 305B ANCHORVALE LINK #06-59 SINGAPORE 542305	
ID Type / ID No. NRIC NO / S7046995B	Contact No. Home/Office	Mobile 85117028
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Driver	Sex Male	Age 50
Institution/School Name	Date of Birth 31/12/1970	Race Chinese
Date/Time Of Incident 30/09/2021 05:30	Location Of Incident 53 UBI AVENUE 1 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934 Open Carpark Lot C174	

Brief details.

I am the owner of vehicle bearing the registration plate number GBL1851S.

On 30/09/2021 at about 0530hrs, my colleague namely, Chin Voon Peng last parked my vehicle at the open carpark of Paya Ubi Industrial park, Lot C174. I was with him when he last parked my vehicle and everything were intact.

Signature Of Officer Recording The Report: F / Sgt 2 TENG WEI KANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2021 22:51
Officer In-Charge Of Case: F / Ang Mo Kio Police Divisional Investigation Branch / Insp LI SIN RONG Contact No.: 62180000	Classification Of Case: EX 159
Authentication Stamp 	



**SINGAPORE
POLICE FORCE**



F/20210930/2120

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210930/2120

At about 1040hrs, when we returned, we discovered one huge dent and scratch marks on the right side of the driver door.

I then reported the matter to my insurance company (NTUC Income Insurance Co-operative Limited) and they had called for the police.

Subsequently, police came and attended to us. I wish to state that we do not have any suspect in mind and there were CCTVs facing the incident location.

I was then advised to lodge a police report.

Subjects Involved			
Others			
Person Name	Chin Voon Peng (Vehicle Driver)		
ID Type	FIN NO	ID No	G7948392W
Gender	Male	Occupation	Lorry/Truck Driver
Address Type	Apt Blk	Address	APT BLK 305B ANCHORVALE LK #06-59 ANCHORVALE PLACE SINGAPORE 542305
Mobile No	91298548		

Signature Of Officer Recording The Report:
F / Sgt 2 TENG WEI KANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/09/2021 22:51

Officer In-Charge Of Case:
F / Ang Mo Kio Police Divisional
Investigation Branch /
Insp LI SIN RONG
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SN 159



**SINGAPORE
POLICE FORCE**



F/20210930/2120

1 of 2

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Institution/School Name	Date of Birth 31/12/1970	Race Chinese
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