

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 18/10/2021 16:23 (SGT)
Date of Accident 15/10/2021 23:20 (SGT)
Exact Location of Accident 562 Hougang Street 51, Singapore 530562
Additional Location Information 562 HOUGANG STREET 51 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBB61P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOCK KEE BIRD NEST DRINKS
Company Reg No 5XXXX718X
Email Address hockkee50s@gmail.com
Mobile Phone No (Phone) +65-97573256
Alternative Phone No (Home) +65-97573256

VEHICLE PARTICULARS

Manufacturer Isuzu
Model TFR87JSR
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 Commercial vehicle
Transmission Manual
CC 1898

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117470288-01
Cover Note Number -

DRIVER

Name of Driver TAN BOON LENG
NRIC No SXXXX835A

Date Of Birth	21/05/1988
Occupation	Indoor
Date Of Driving Pass	08/08/2007
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97573256
Alt. Phone Number	-
Email Address	hockkee50s@gmail.com
Address	BLK 288B COMPASSVALE CRESCENT
Address complement	#06-363
Postcode	542288
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	COMPANY OWNER
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFC261B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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)	-

SKETCH PLAN

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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.

福記燕窩水
HOCK KEE BIRDS NEST DRINK

Policyholder's Signature / Date & Time

[Signature]

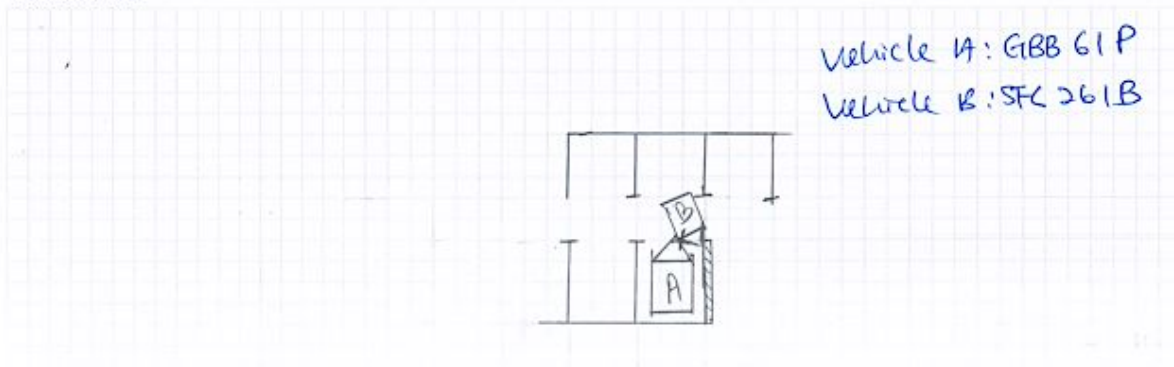
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/2021/016/7023

Declaration

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

福記燕窩水
HOCK KEE BIRDS NEST DRINK

Policyholder's Signature / Date & Time

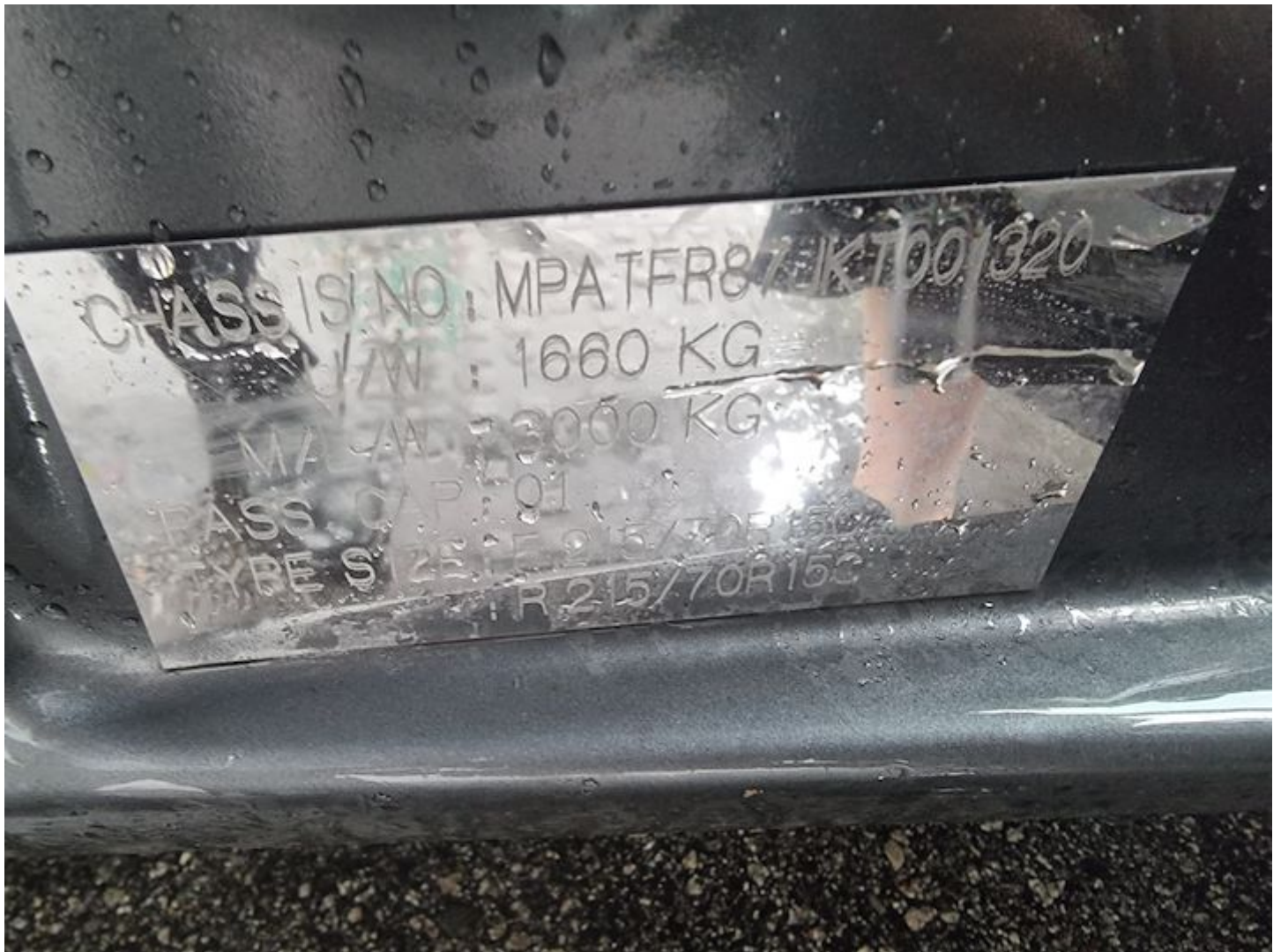
7m.

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

[Signature]



Witnessed by Reporting Centre Personnel





























**SINGAPORE
POLICE FORCE**



T/20211016/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20211016/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/10/2021 14:26		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: TAN BOON LENG			Address: 288B COMPASSVALE CRESCENT #06-363 SINGAPORE 542288		
ID Type / ID No.: NRIC NO / S8817835A			Contact No.: Home/Office: Mobile: 97573256		
Nationality: SINGAPORE CITIZEN			Email: hockkee50s@gmail.com		
Sex: Male	Age: 33	Date of Birth: 21/05/1988	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Self employed			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/10/2021 23:20	Type of Location: Car Park
Location: HOUGANG STREET 51				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBB61P	Lorry	ISUZU	Euro 6	Silver	Seriously Damaged	0
SFC261B	Car	CITROEN		Silver		1



**SINGAPORE
POLICE FORCE**



T/20211016/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20211016/7023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	TAN BOON LENG	ID No.	S8817835A
Related Vehicle	NIL	Contact No.	97573256
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 15/10/2021 at about 2030hrs, my vehicle GBB61P was parked at the open spaced carpark of Hougang street 51 Blk 562 lot number 29.

On 16/10/2021 at about 1000hrs, I returned to my vehicle and discovered that the front portion of my vehicle was damaged. I checked my in car camera and discovered that on 15/10/2021 at 2322hrs, a vehicle SFC261B collided into my vehicle whilst attempting to park in a lot opposite of mine.

I made a check and did not find any notes left behind by the other driver. I am lodging this report for police assistance.



**SINGAPORE
POLICE FORCE**



T/20211016/7023

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20211016/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ABDUL RAHIM BIN SALIM
Contact No.: 65476437

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
16/10/2021 14:26

Classification Of Case:



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1E21A10009 Vehicle Registration No: 9BB 61P
 Name (as shown in NRIC): TAN BOON LENH NRIC/FIN/Passport No: S2217835A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 288B COMPASSVALE CRESCENT Singapore (540288)
 Contact (Tel): 99573256 Mobile No.: _____
 Email Address: hocklee505@gmail.com
 Date of Accident: 15/10/2021 Time of Accident: 23:20
 Place of Accident: 562 Hougang Street 51
 Insurance Company: NTUC

(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:

I wish to Amend Driver details. Name and NRIC

TH.
 Policyholder / Driver's Signature
 Date:

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