

SF0G21BG0005-01 / FALCON-AIR AUTO SERVICES PTE LTD [528840] ENTRY DATE & TIME: 16/11/2021 14:41 (SGT) SUBMITTED BY: Anna Ng VERSION: 2 (16/11/2021 15:24 (SGT))

Your NCD will be affected due to late reporting



# 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

16/11/2021 14:41 (SGT) 12/11/2021 10:55 (SGT) 21 Tampines Ave, Singapore 529802 **BLK201** Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SLD5158H

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No

**Email Address** 

Mobile Phone No Alternative Phone No

Nο

ANG CHEO TEE

SXXXX432A

SAMANTHALIM\_95@HOTMAIL.COM

(Phone) +65-91455158 (Home) +65-91455158

VEHICLE PARTICULARS

Manufacturer

Model

Variant

Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission CC

Jaguar Хe

Private use

No - Claiming third party

Private car Auto

100

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number

Cover Note Number

United Overseas Insurance Ltd

Comprehensive

No

DH0M120042161902

DRIVER

Name of Driver NRIC No

ANG CHEO TEE SXXXX432A



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER ATTACH SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Vehicle Registration Number

Yes

Yes

No

Vehicle Model Vehicle Variant

Vehicle Manufacturer

Vehicle Colour

Vehicle Category

30/03/1960 Indoor 06/08/1992

29 YEARS AND 3 MONTHS

Female

(Phone) +65-91455158 (Home) +65-91455158

SAMANTHALIM\_95@HOTMAIL.COM BLK427 TAMPINES ST41 #08-441

520427

Yes

No

Collided into Parked Vehicle

Clear Dry

No

2 No

Yes 1

No

Yes

Tampines North Neighbourhood Police Post

(Phone) +65-18007818999 (Fax) +65-67838603

Blk 461 Tampines Street 44 #01-56 Singapore 520461

No

Commercial vehicle



Name of Driver	2
Contact Number	3
Address	3
Address complement	0
Postcode	5
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

#### SKETCH PLAN

### IMPORTANT NOTICE

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  - completed by the Poin yholder and, or the Author sed (triver)
- 3.5 1.1 1.1 touthful and accurate is possible. All y is median is the state of regulative policy hability
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- An y false reporting may be referred to the Police for investigation.
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- 5 Consent under the Personal Data Protection Act (PDPA) and the last section by popular of loose of that
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    - to be asset of the rest of the article of the setting but it will be given by the setting and setting the control of the setting and the setting of the sett out figations relating to the liaims.
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    - (iii) acrying out and/or deuting with my instruction, or responding to any evidances by me.
    - (N) administering my chims (including the multing of correspondence, statements, invoices, reports of 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(i) who have insured vehicle(s) involved in this accident and the innurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Persphal Information for one or more of the above Purposes, and
  - (1)—iny Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyer affaw firms), which may be sited out, do of Singapore, for one or more of the above
  - (d) Impliers and information will also be collected and used to librarie claims history for the purpose of fraudifieted con-Privestigation and management in present and all future claims
  - (e) the information to 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. Yaw enforcement and government agencies as reasonably required for the purposes stated, or
    - (a) for complying with requirements under any regulations, laws or court orders

g. Target

Oriver's Signature iff dover a not the portyloder! Date

Reporting Centre Physiologi's 5 guating

Marina M

NEK /TIN NO

SKET CH PLAN

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	ST TRIVE	1 1 3 a		
ndly take note tha	at you have 14 c	days to revert to Own Ins	urance Claim (ov	vn damage).
Claim OD / TP At F	alcon-Air	Claim OD / TP Own	W/shop	Reporting Only
ARATION				
declare the Joregoing o	Mittibulars are true i	n every - spect		1
/+()			2	
The second secon		; married means		
norder's Signature Date	13019815	Signature	Reporting Co	entre Personnel's Signature





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Pofice Station Of Origin
Tampines North NPP
46.1 Tampines Street 44 #01-56 SINGAPORE
52/0461
Tel: No. 1800-7818999

Rept. No. 1 2021111 - 25 to

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 16/11/2021 14:58 Vide Report No : T/20211116/2062

Station Diary No.

Informant's Particulars Address: Name of Informant APT BLK 427 TAMPINES STREET 41 #08-441 SINGAPORE ANG CHEO TEE 520427 ID Type / ID No.: Contact No. Home/Office: Mobile, 91455158 NRIC NO / \$1454432A Email Nationality: SINGAPORE CITIZEN Type of Informant Sex Age Date of Birth 30/03/1960 Driver Female ∴ 61 Institution / School Name: Race Language Chinese Occupation. Driving Licence Information Class 3 Date of Expiry: Retiree

General Infor	mation of the Accide	nt			
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/11/2021 10:55	Type of Location Car Park	
Location:	STREET 21				
Weather		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume	
Type of Collis Moving Vehic	sion: cle Against - Parked V	ehicle		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SLD5158H	Car	JAGUAR	XE 2.0 14P TSS	White	Seriously Damaged	0
YN6464K	Lorry					0

Details of V	ehicle Insurance		- 5 7	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD5158H	UNITED OVERSEAS INSURANCE	DHOM1200421619	13/05/2021	12/05/2022
	LIMITED	02		





Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 co

Report No. 1 (2021) 116 (20<sup>18</sup>)

Tel No. 1800-7818999

CONTINUATION OF REPORT

# Brief Details.

Vide T/20211116/2062, I have viewed the in car camera footage and suspect that one lorry bearing YN6464K had collided into my vehicle. The lorry reversed into the empty lot on my right at about 1030hrs, and left after it entered the lot. That is all





Police Station Of Origin
Talmpines North NPP
48 1 Tampines Street 44 #01-56 SINGAPORE
52 0461 CONTINUATION OF REPORT
Te I No. 1800-7818999

Fig. 4. Company of the Property of the Propert

## 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 G / Sgt 3 SIM FAWWAZ BIN SIM HASHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time 16/11/2021 14 58
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No : 65476079	Classification Of Case
Authentication Stamp	