

## 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	06/04/2022 11:18 (SGT)
Date of Accident	29/03/2022 10:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	4009 ANG MO KIO AVE 10, TECHPLACE 1 S569628
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBL4418R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PERMENPRONIC TECHNOLOGIES PTE LTD
Company Reg No	200406932C
Email Address	Dawn@permen.com.sg
Mobile Phone No	(Phone) +65-93891666
Alternative Phone No	+65-93891666

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	1100

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123403346
Cover Note Number	-

#### DRIVER

Name of Driver	HO VOON FUJ
NRIC No	S1674249Z

Date Of Birth ..... 17/07/1964  
Occupation .....  
Date Of Driving Pass ..... 17/04/1985  
Driving experience ..... 33 YEARS AND 11 MONTHS  
Gender .....  
Mobile Number .....  
Alt. Phone Number ..... +65-97964934  
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 ..... and run / Vandalism / Damaged whilst parked  
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

REFER TO POLICE REPORT .....  
Continue

#### ATTACHMENT(S)

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

#### DETAILS OF VEHICLE PROPERTY 1

Vehicle Registration Number ..... XE4750G  
Vehicle Manufacturer .....  
Vehicle Model .....  
Vehicle Variant .....  
Vehicle Colour .....  
Vehicle Category .....  
Special vehicle

Mit. FU50 FQ62FS2R  
EC

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

## IMPORTANT NOTICE

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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.



Policyholder's Signature  
Date & Time: 06/04/2003  
1130

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/04/2003  
1130

Reporting Centre Personnel's Signature  
Name: GANATHI LEE  
NRIC/FIN No.: 6991033

SKETCH PLAN



A:GBL 4416R  
B:KE 4750G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO REARS

DECLARATION

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



Policyholder's Signature  
Date & Time: 06/04/2022  
1130

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 06/04/2022  
1130

Reporting Centre Personnel's Signature  
Name: IGNATIUS LIM  
NRIC/FIN No.: 5791232


**SINGAPORE  
POLICE FORCE**


F/20220329/7022

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**POLICE REPORT (NP299)**

Report No. F/20220329/7022

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000

Date/Time Report Made 29/03/2022 12:08	Vide Report No.	Station Diary No.
Name Of Informant HO VOON FUJ	Address 206C COMPASSVALE LANE #09-99 SINGAPORE 543206	
ID Type / ID No. NRIC NO / S1674249Z	Contact No. Home/Office:	Mobile: 97964994
Nationality SINGAPORE CITIZEN	Email Address dawnhovf@yahoo.com.sg	
Occupation Accountant	Sex Female	Age 57
Institution/School Name	Date of Birth 17/09/1964	Race Chinese
Date/Time Of Incident 25/03/2022 15:00 - 29/03/2022 10:15	Location Of Incident 4008/09/10 ANG MO KIO AVENUE 10 TECHPLACE 1 SINGAPORE 569628	

**Brief details.**

LOCATION : 4009 ANG MO KIO AVE 10, TECHPLACE 1 SINGAPORE 569628

VEHICLE NUMBER : GBL4418R (TOYOTA HIACE VAN)

INCIDENT : VEHICLE WAS HIT AND RUN PARKED AT TECHPLACE 1 ON 25/03/2022 3PM TILL  
29/03/2022 10.15AM

Signature Of Officer Recording The Report:  
Not applicable

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

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/03/2022 12:08

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE  
POLICE FORCE**



F/20220329/7022

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220329/7022

WITNESSES : NO WITNESSES AND NO CONTACT WAS LEFT

Subjects Involved	
Suspect	
Person Name	UNKNOWN
Gender	Unknown

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

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

Date/Time:  
29/03/2022 12:08

Classification Of Case: