

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 11/06/2022 12:00 (SGT)
Date of Accident 10/06/2022 11:45 (SGT)
Exact Location of Accident 399 Yung Sheng Rd, Singapore 610399
Additional Location Information TAMAN JURONG SHOPPING CENTRE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLK2039B

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SEE EE CHEONG
NRIC No SXXXX129A
Email Address eileensee1234@gmail.com
Mobile Phone No (Phone) +65-91720190
Alternative Phone No (Home) +65-91720190

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5125111896
Cover Note Number -

DRIVER

Name of Driver SEE EE CHEONG
NRIC No SXXXX129A

Date Of Birth	09/12/1962
Occupation	Indoor
Date Of Driving Pass	17/10/2006
Driving experience	15 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91720190
Alt. Phone Number	(Home) +65-91720190
Email Address	eileensee1234@gmail.com
Address	APT BLK 138A YUAN CHING ROAD #18-101 SINGAPORE 611138
Address complement	-
Postcode	611138
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	Collided into Parked Vehicle
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)	1
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	Jurong Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002659999
Alt. Police Station Phone No	(Fax) +65-62664987
Police Station Address	Blk 158 Yung Loh Road #01-58 Singapore 610158
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?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	EV1686P
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

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. 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 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' 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


Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLK 2039B
B: EV 1686P



Describe Circumstances of the Accident

Refer to the police report (T/20220610/2094).

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

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20220610/2094

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

3 of 3

Report No. T/20220610/2094

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 GUNASEELAN
RAVESADRAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/06/2022 18:45

Officer In Charge Of Case:
TP / HRT /
SI STEPHANIE, CHEUNG TSZ YING
Contact No.: 96208032

Classification Of Case:

NP168



**SINGAPORE
POLICE FORCE**



T/20220610/2094

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

1 of 3

Report No. T/20220610/2094

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/06/2022 18:45		Vide Report No.:		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: SEE EE CHEONG			Address: APT BLK 138A YUAN CHING ROAD #18-101 SINGAPORE 611138		
ID Type / ID No.: NRIC NO / S2640129A			Contact No.: Home/Office: Mobile: 91720190		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 59	Date of Birth: 09/12/1962	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/06/2022 11:45	Type of Location: Car Park
Location: YUNG SHENG ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EV1686P						0
SLK2039B	Car	HONDA	CIVIC 1.6 VTI CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLK2039B	NTUC Income Insurance Co-Operative Limited	5125111896	09/01/2022	08/01/2023



**SINGAPORE
POLICE FORCE**



T/20220610/2094

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

2 of 3

Report No. T/20220610/2094

CONTINUATION OF REPORT**Brief Details.**

On 10/06/2022 at about 1100hrs, I parked my vehicle at Taman Jurong Shopping Centre carpark lot number 21 and everything was intact.

On the same day at about 1815hrs, I went to my car and noticed a note on my front windscreen. It stated as someone had witnessed another vehicle hitting onto my car and leaving the location.

I called the person who only left his contact, HP: 90661691 and he told me that a vehicle had exited from the parking lot on the right of my vehicle, and collided onto the front right of my vehicle. After which the vehicle had left the location.

I have in vehicle camera but I have not checked it yet.



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: SY0A226B0006 Vehicle Registration No: SLK2039B
 Name (as shown in NRIC): SEE EE CHEONG NRIC/FIN/Passport No: S2640129A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 138A YUAN CHING ROAD #18-101 Singapore (611138)
 Contact (Tel): 91720190 Mobile No.: _____
 Email Address: eileensee1234@gmail.com
 Date of Accident: 10/06/2022 Time of Accident: 11:45
 Place of Accident: TAMAN JURONG SHOPPING CENTRE CARPARK
 Insurance Company: NTUC Income Insurance Co-operative Ltd

(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:

CHANGE THIRD PARTY VEHICLE NUMBER

Policyholder / Driver's Signature
Date:

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