

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.

- 4. The issue and acceptance of this is form by instrained 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

Honda

Vehicle Registration Number SI K2039B

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

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 No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy 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 APT BLK 138A YUAN CHING ROAD #18-101 SINGAPORE Address 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? Nο Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **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? 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

EV1688P

Vehicle Model

Vehicle Registration Number

Vehicle Manufacturer

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.
- 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.
- 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.
- 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' 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.

Cu	Com	7	
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	
- 18			
Â			

Describe Circumstances of the Accident

Refer to the poli	ce report (T/20220610/2094).	
laration		
	Fact Manage - California and California and California	
declare the foregoing particula	rs are true in every respect.	
ecn	een	N
yholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel





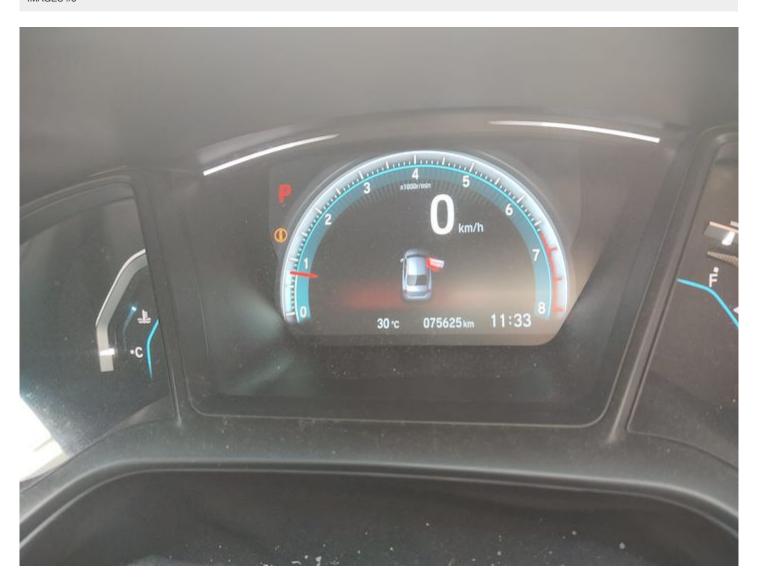
















Police Station Of Origin: Jurong NPP 158 Yung Loh Road #01-58 SINGAPORE 610158 Tel No: 1800-2659999 3 of 3 Report No. T/20220610/2094

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	Signature Of Informant:
RAVESADRAN	Ores
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	





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		Made:	Vide Report No.:	Station Diary No.: 49		
Informan	t's Partic	ulars				
Name of Informant: SEE EE CHEONG			Address: APT BLK 138A YUAN CHING ROAD #18-101 SINGAPORE 611138			
ID Type / NRIC NO	ID No.: / S26401;	29A	Contact No.: Home/Office:	Mobile: 91720190		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Female	Age: 59	Date of Birth: 09/12/1962				
Race: Chinese			Language: Institution / School Na English			
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3	Date of Expiry:		

General Infor	mation of the Accide	nt			
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 SHEN	G ROAD				
Weather:		Road Surface:	R	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Т	Traffic Volume:	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	ehicle	a	nyone conveyed by mbulance:	

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





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.