

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 Actual 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 14/09/2022 16:16 (SGT)
Reported by Owner
Date of Accident 14/09/2022 10:00 (SGT)
Exact Location of Accident Chiltern Dr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBL8130T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MELTEDSG LLP
Company Reg No TXXXXX442A
Email Address ELLEELLE93@GMAIL.COM
Mobile Phone No (Phone) +65-91915201
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Every
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 658

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited
Policy Number / Cover Note Number 5127181172

DRIVER

Name of Driver NOELLE LIM GE RONG
NRIC No SXXXX795J
Date Of Birth 20/11/1993
Occupation Indoor

Date Of Driving Pass	20/09/2014
Driving experience	8 YEARS
Gender	Female
Mobile Number	(Phone) +65-91915201
Alt. Phone Number	-
Email Address	ELLEELLE93@GMAIL.COM
Address	1 KAMPONG KAYU ROAD #07-22
Address complement	-
Postcode	431001
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

ON 14/09/2022 AT ABOUT 8.59AM, I WAS INFORMED BY A CONSTRUCTION WORKER THAT MY VAN, WHICH WAS PARKED STATIONARY OUTSIDE 49 CHILTERN DRIVE WAS HIT BY A TRUCK (YP434B). THE DRIVER DID NOT STOP AND DROVE AWAY THEREAFTER. THE CONSTRUCTION WORKER TOOK DOWN THE VEHICLE NUMBER (YP434B) AND NOTICE IT BELONGS TO A COCONUT DISTRIBUTION COMPANY.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP434B
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

WITNESS DETAILS

WITNESS 1

Name	CONSTRUCTION WORKER
Phone	-
Email	-

SKETCH PLAN

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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.

Meltedsg LLP

(T17LL1442A)

1 IRVING PLACE 02-05

THE COMMERZE @ IRVING

SINGAPORE 369546

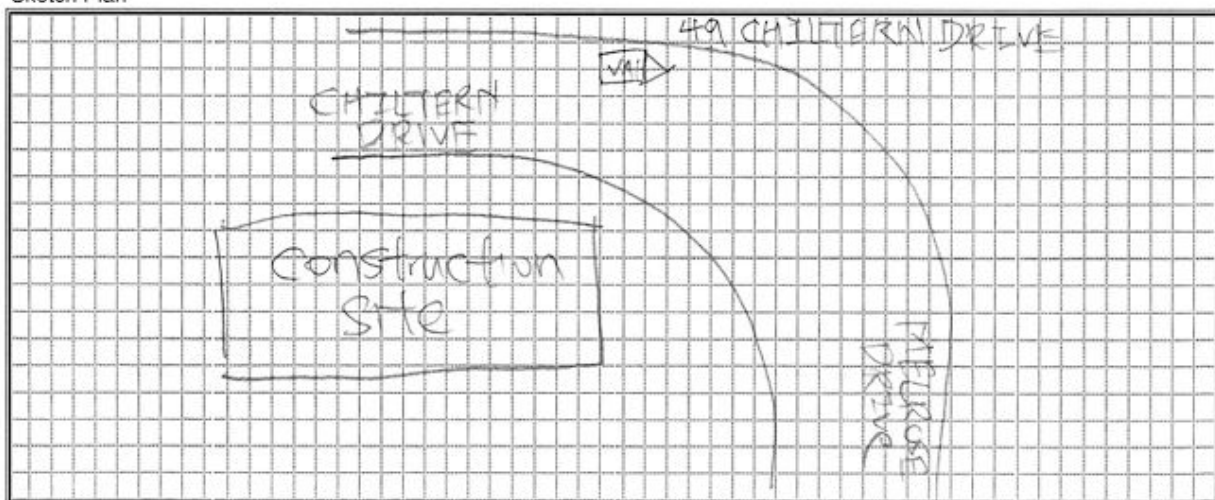
+6591839366

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

On 14/09/2022 at about 8.59am, I was informed by a construction worker that my van, which was parked stationary outside 49 Chiltern Drive was hit by a truck (YP434B).

The driver did not stop and drove away thereafter. The construction worker took down the vehicle number (YP434B) and notice it belongs to a coconut distribution company.

Declaration

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

Meltdsg LLP
(T17LL1442A)
1 IRVING PLACE 02-05
THE COMMERZE @ IRVING
SINGAPORE 369546
+6591839366

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











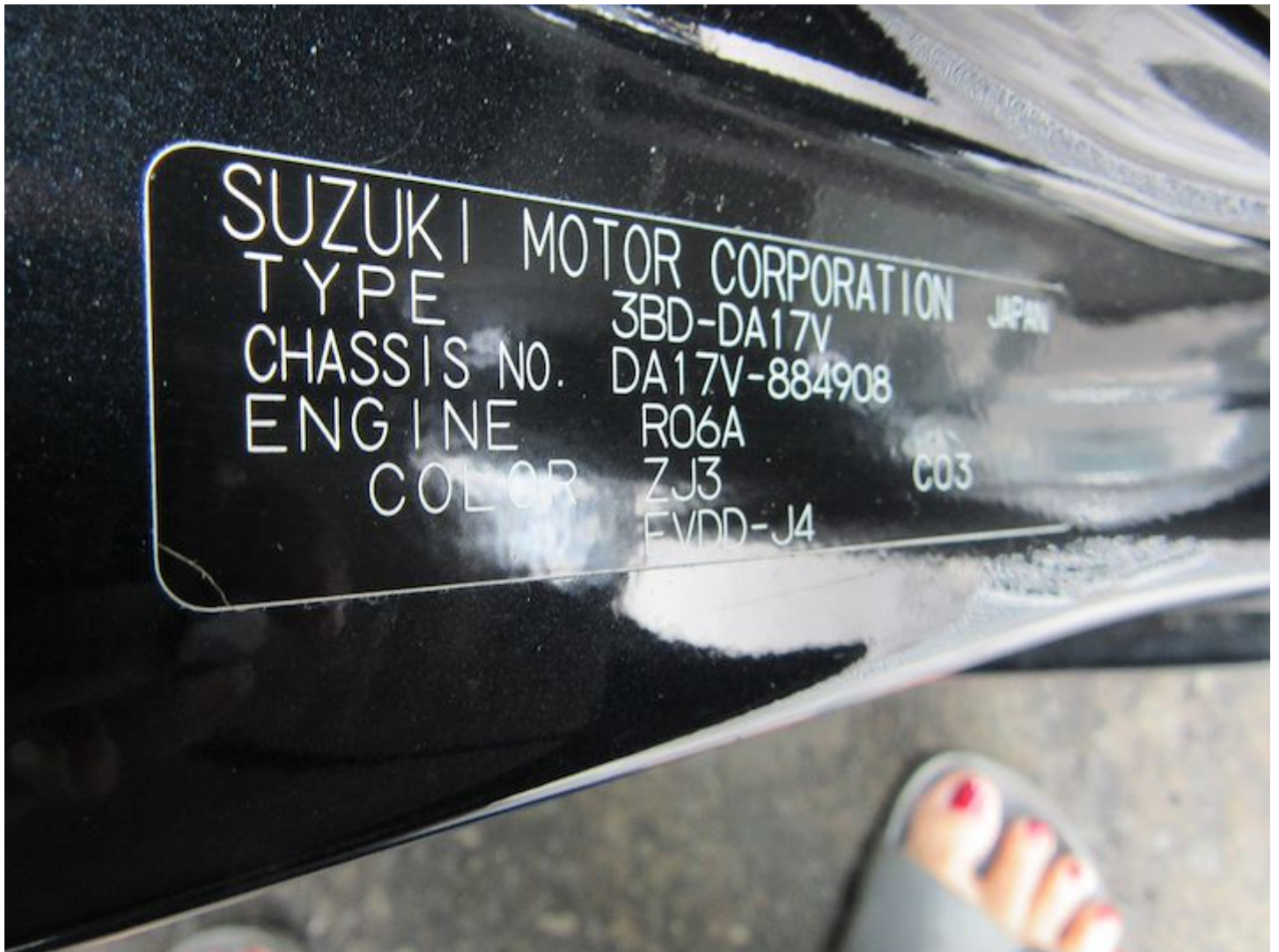


















**SINGAPORE
POLICE FORCE**



T/20220914/7025

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

1 of 3

Report No. T/20220914/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/09/2022 13:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NOELLE LIM GE RONG			Address: 1 KAMPONG KAYU ROAD #07-22 SINGAPORE 431001		
ID Type / ID No.: NRIC NO / S9343795J			Contact No.: Home/Office: Mobile: 91915201		
Nationality: SINGAPORE CITIZEN			Email: ELLEELLE93@GMAIL.COM		
Sex: Female	Age: 28	Date of Birth: 20/11/1993	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/09/2022 10:00	Type of Location: landed housing
Location: CHILTERN DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBL8130T	Van	SUZUKI	Suzuki every turbo	Black	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBL8130T	NTUC Income Insurance Co-Operative Limited			



**SINGAPORE
POLICE FORCE**



T/20220914/7025

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

2 of 3

Report No. T/20220914/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	NOELLE LIM GE RONG	ID No.	S9343795J
Related Vehicle	NIL	Contact No.	91915201
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.

Hit and run accident on my van outside my house.
Location : Chiltern Drive
Van was parked



**SINGAPORE
POLICE FORCE**

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



T/20220914/7025

3 of 3

Report No. T/20220914/7025

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 / TPIB /
NEO ZHI YUAN
Contact No.: 65476079

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

Date/Time:
14/09/2022 13:45

Classification Of Case:

NP168