

## 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	17/11/2022 11:51 (SGT)
Reported by	Both
Date of Accident	16/11/2022 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK INFRONT OF BLK 642 YISHUN ST 61(LOT 60)
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND5974U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PHUA JUN HAO (PAN JUNHAO)
NRIC No	S8829350I
Email Address	darkoxfx@gmail.com
Mobile Phone No	(Phone) +65-92961598
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	KICKS PREMIUM 1.2L E-POWER
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	Private car
Transmission	Manual
CC	1198

### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5125186900

### DRIVER

Name of Driver	PHUA JUN HAO (PAN JUNHAO)
NRIC No	S8829350I
Date Of Birth	21/08/1988
Occupation	Indoor

Date Of Driving Pass	12/05/2008
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92961598
Alt. Phone Number	-
Email Address	darkoxfx@gmail.com
Address	BLK 643 YISHUN ST 61 #08-280
Address complement	-
Postcode	760643
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	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

REFER POLICE REPORT: T/20221116/7072

#### 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	QX548J
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
Name of Driver	LIEW KAH ROCK
Contact Number	(Phone) +65-87252123
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

# SKETCH PLAN

## SKETCH PLAN

### IMPORTANT NOTICE

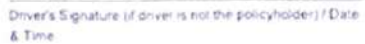
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### 8. Consent under the Personal Data Protection Act (PDPA)

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.

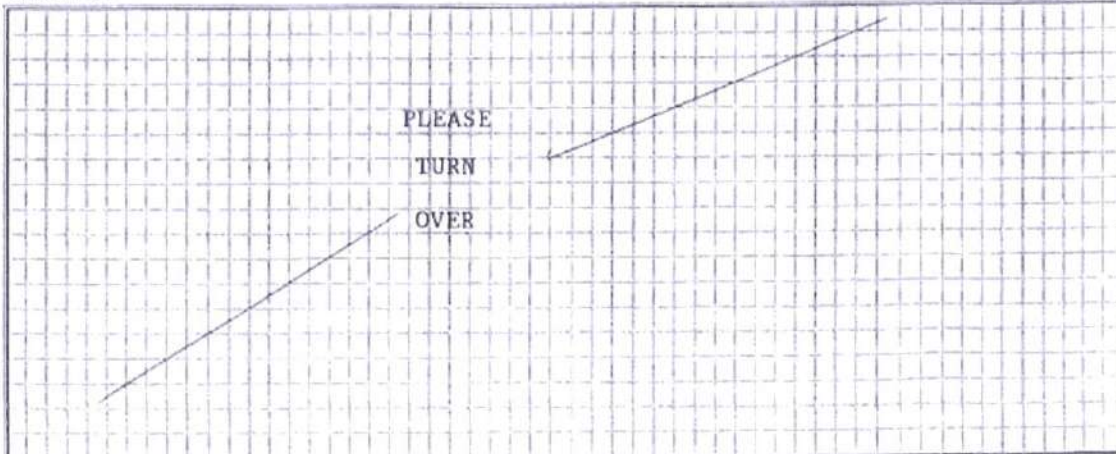
  
Policyholder's Signature / Date & Time

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

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

### Sketch Plan

PLEASE  
TURN  
OVER





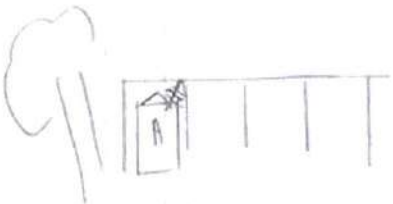
Describe Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop (agent)

Sketch Plan:



A: SND59744

Date: 16/11/22 Time: 2030hrs Ins: Income

Refer to police report: T/20221116/7072

Police car that scratched onto my vehicle details:

veh: QX 548 J (Hy Amek 1.6 A1)

Driver: Liew Kah Rock

*[Signature]*

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

*[Signature]*  
Policyholder's Signature / Date & Time

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

*[Signature]* 17/11/22 (YS)  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20221116/7072

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

1 of 3

Report No. T/20221116/7072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/11/2022 21:38	Vide Report No.: L/20221116/0121	Station Diary No.:
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**Informant's Particulars**

Name of Informant: PHUA JUN HAO	Address: 643 YISHUN STREET 61 #08-280 SINGAPORE 760643		
ID Type / ID No.: NRIC NO / S88293501	Contact No.:	Mobile: 92961598	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email: darkoxfx@gmail.com	
Sex: Male	Age: 34	Date of Birth: 21/08/1988	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 Police Vehicle	Drink Drive: No	Date/Time of Accident: 16/11/2022 20:30	Type of Location: Car Park
Location:  YISHUN STREET 61				
Weather: Drizzling		Road Surface: Wet	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
SND5974U	Car	NISSAN	KICKS	Grey	Slightly Damaged	4

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SND5974U	NTUC Income Insurance Co-Operative Limited	5125186900	13/01/2022	12/01/2023



**SINGAPORE  
POLICE FORCE**



T/20221116/7072

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

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Report No. T/20221116/7072

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	PHUA JUN HAO	ID No.	S88293501
Related Vehicle	NIL	Contact No.	92961598
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.

I RECEIVED A CALL (65476026) FROM THE POLICE AT APPROXIMATELY 8:34PM SAYING MY VEHICLE WAS INVOLVED IN AN ACCIDENT. THE LOCATION OF THE ACCIDENT IS AT THE OPEN SPACE CAR PARK IN FRONT OF BLK 642 YISHUN STREET 61, LOT 60. I WENT DOWN AFTER ENDING THE CALL, AND FOUND SCRATCHES ALONG THE FRONT OF THE CAR NEAR THE FRONT LEFT WHEEL. THE POLICE OFFICER (ROCK @ HP 87252123) SAID THAT HE KNOCKED AND SCRATCHED MY CAR WHILE REVERSING, PROBABLY WAS VERY NEAR TO MY CAR AT THE POINT OF REVERSE PARKING.

TRAFFIC POLICE ASHELY LAU GAVE ME A CASE CARD AND ASKED ME TO FILE THE REPORT REGARDING THIS ACCIDENT. THE CARD GAVE THE CONTACT PERSON AS GHAZALI WITH HP NUMBER @ 96192037.



**SINGAPORE  
POLICE FORCE**



T/20221116/7072

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

3 of 3

Report No. T/20221116/7072

## 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 /  
STEPHANIE, CHEUNG TSZ YING  
Contact No.: 65476439

NP168

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

Date/Time:  
16/11/2022 21:38

Classification Of Case: