SA18246P0001 / Abwin Service Pte Ltd ENTRY DATE & TIME: 25/06/2024 10:45 (SGT) SUBMITTED BY: Claims VERSION: 1 (25/06/2024 10:45 (SGT))

# 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 witholding of material facts may allow insurance companies to repudiate 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any wind misrepresentation of windowing of material facts may allow insurance companies to reputite 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 First Submission 25/06/2024 10:45 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 23/06/2024 13:20 (SGT) Exact Location of Accident 146 Yishun Street 11, Singapore 760146 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMX5566X

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SHAHREEN BIN SALLEH NRIC No SXXXX334C Email Address SHAHREENBS@GMAIL.COM Mobile Phone No (Phone) +65-96326569 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer Honda Model Jazz Variant ..... Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1498

## INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5128921803-01

#### DRIVER

Name of Driver SHAHREEN BIN SALLEH NRIC No SXXXX334C Date Of Birth 17/04/1973 Occupation Outdoor



Driving Pass Date Driving experience Gender Mobile Number Alt. Phone Number Email Address Address 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	04/09/1991 32 YEARS AND 9 MONTHS Male (Phone) +65-96326569 - SHAHREENBS@GMAIL.COM BLK 146 YISHUN ST 11 #10-19 760146 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
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? Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement	No 2 No - Yes 0 No
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?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO ATTACH	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	XE7447M

Vehicle Model
Vehicle Variant

Vehicle Colour	=
Vehicle Category	Commercial 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)	-

#### 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 Actual Oriver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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)

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' fawyers/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:

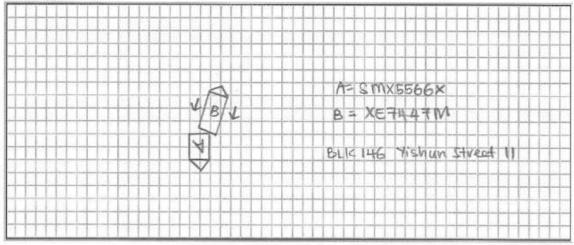
7 ,

Policyholder's Signature / Date & Time

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

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

## Sketch Plan



1

Describe Circumstance of the Accident	Describe Circumstance of the Accident				
Refer	to	Police	Report		
Τ	1200	40624/	₹068		

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

SC (Co. Rej. No.) IT ST (Co. Rej. No.) IT ST (Co. Rej. No.) IT

Witnessed by Reporting Centre Personnel (Name as in NRICAD card)

2





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20240624/7068

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/06/2024 15:11		ade;	Vide Report No.:	Station Diary No.:
Informan	t's Particular	8		
	Informant: EN BIN SAL	LEH	Address: 146 YISHUN STREET 11 #	10-19 SINGAPORE 760146
ID Type / NRIC NC	ID No.; ) / S7313334	IC	Contact No.: Home/Office:	Mobile: 96326569
Nationalii SINGAPO	ty: ORE CITIZE	N	Email: shahreenbs@gmail.com	
Sex: Male	Age: 51	Date of Birth: 17/04/1973	Type of Informant: Vehicle Owner	
Race: Boyanese	9		Language: English	
Occupation Private-h	on: ire car drive		Driving Licence Information Class:	Date of Expiry:

General Information	of the Accident		CALL DE LOCALIDADO	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/06/2024 13:20	Type of Location Car Park
Location: YISHUN STREET Weather: Clear	11	Road Surface:		
-2017-2017		Dry		
Traffic Flow: Traffic Control:		Tra	Traffic Volume:	
Type of Collision: Moving Vehicle Ag	ainst - Parked Vehic	le		one conveyed by bulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SMX5566X	Motor car	HONDA	Jazz	Orange	Slightly Damaged	0
XE7447M	Refuse Collection Truck			Blue		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20240624/7068

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20240624/7068

## CONTINUATION OF REPORT

Vehicle Owner	TOTAL PROPERTY.	Electrical Control		1000			
Name	SHAHREEN BIN SALLEH		ID No	).	S7313334C		
Related Vehicle	NIL		NIL		Conta	act No.	96326569
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL Date Disc		narge	NIL			
No. of Days grante	ed Medical Leave (MC)	NIL	Degree of		NIL		

## Brief Details.

On Sunday, 23 June 2024 at about 120pm my car (SMX5566X) was hit by a reversing ALBA Refuse Collection Truck (XE7447M). My car was parked at lot #60, behind Block 146 Yishun St.11. After hitting my car, the truck driver did not take any actions and just continued with his work afterwhich he drove off from the scene. I only realised my car was being hit on Monday, 24 June 2024, at about 730am. I reviewed my dashcam and discovered this incident, It was captured clearly by my dashcam (audio included) that this truck has reversed into my car. The dashcam footage is about 47MB.



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



3 of 3 Report No. T/20240624/7068

CONTINUATION OF REPORT

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: 24/06/2024 15:11
Officer In Charge Of Case: TP / HRT / IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:
NP168	