

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 ability.
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 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 Report	28/11/2017 15:51
Date Of Accident	27/11/2017 20:55
Exact Location Of Accident	TAMPINES EAST CC CARPARK LOT 20
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP7279P
Insured/Policyholder	
Name Of Registered Owner	ZAINUDIN BIN MD AMIN
NRIC No	S2025165D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91880564
Alternative Phone No	OTHERS-91880564
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100130247-08000
Cover Note Number	
Driver	
Name of Driver	SYAH NIZAM BIN ZAINUDIN
NRIC No	S8837503C
Date Of Birth	06/10/1988
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91880564
Fax Number	
Contact Number	OTHERS-91880564
EEmail Address	NOEMAIL

Address	BLK 234 TAMPINES STREET 21 #06-525
Postcode	521234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171128/2010

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT GIVEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD930A
Vehicle Make/Model/Colour	TAXI
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN TAMMINKS EAST CC CARPARK 10T 20

① SJP 7279P

② SHD 930A

REVERSE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPORT REF TO POLICE REPORT T/20171128/2010

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171128/2010

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simel Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20171128/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/11/2017 01:08		Vide Report No.:		Station Diary No.: 15
Informant's Particulars				
Name of Informant: SYAH NIZAM BIN ZAINUDIN		Address: APT BLK 234 TAMPINES STREET 21 #06-525 SINGAPORE 521234		
ID Type / ID No.: NRIC NO / S8837503C		Contact No.: Home/Office: Mobile: 91880564		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 29	Date of Birth: 06/10/1988	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: CIVIL SERVANT		Driving Licence Information: Class: 2B,3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/11/2017 20:55	Type of Location: Car Park
Location: Along Road 1 TAMPINES STREET 21 TAMPINES EAST CC LOT NO. 20, NEAR TO AFGHANISTAN RESTAURANT				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: Light	
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
SHD930A	Car				No Damage	0
SJP7279P	MPV				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171128/2010

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20171128/2010

CONTINUATION OF REPORT

Brief Details.

ON 27/11/2017 AT ABOUT 2030HRS AT TAMPINES ST 21, CARPARK LOT 20 TAMPINES EAST CC, NEAR AFGHANISTAN RSTaurant, I HAD PARKED MY CAR AT THE SAID LOT AND LEFT FOR DINNER.

ON THE SAME DATE, AT ABOUT 2220HRS, I RETURNED BACK TO MY CAR AND DISCOVERED THAT MY CAR FRONT LEFT BUMPER WAS DENTED. I THEN VIEWED MY DASH CAM AND FOUND THRU THE FOOTAGES THAT A M/TAXI SHD930A HAD REVERSED AND COLLIDED ONTO MY CAR. THE SAID DRIVER WAS SEEN THRU THE DASH CAM ALIGHTING FROM HIS VEHICLE TO LOOK AT THE DAMAGES CAUSED. I HAVE DOWNLOADED THE DASH CAM FOOTAGES INTO MY MOBILE PHONE.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171128/2010

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Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

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Report No. T/20171128/2010

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:
G /
SI MOHAMAD NASRUN BIN ABDUL RASIAH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/11/2017 01:08

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI RAJANI
Contact No.: 65476992

Classification Of Case:

SN 160

Authentication Stamp
NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

