

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	06/12/2017 16:16
Date Of Accident	01/12/2017 22:05
Exact Location Of Accident	JALAN KAYU
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY3244D
Insured/Policyholder	
Name Of Registered Owner	NOORAHEZAN BINTE SARIP
NRIC No	S7610300C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96482916
Alternative Phone No	OTHERS-96482916

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 X (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094256975
Cover Note Number	

Driver

Name of Driver	NOORAHEZAN BINTE SARIP
NRIC No	S7610300C
Date Of Birth	07/04/1976
Occupation	INDOOR
Date Of Driving Pass	22/08/1997
Driving Experience	20 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96482916
Fax Number	
Contact Number	OTHERS-96482916
Email Address	NOEMAIL

Address	BLK 510 #07-25 BUKIT BATOK STREET 52
Postcode	650510
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

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 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	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT NO.T/20171201/2195. ATTENDED BY SIT1

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM9621M
Vehicle Make/Model/Colour	
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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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.

06 DEC 2017

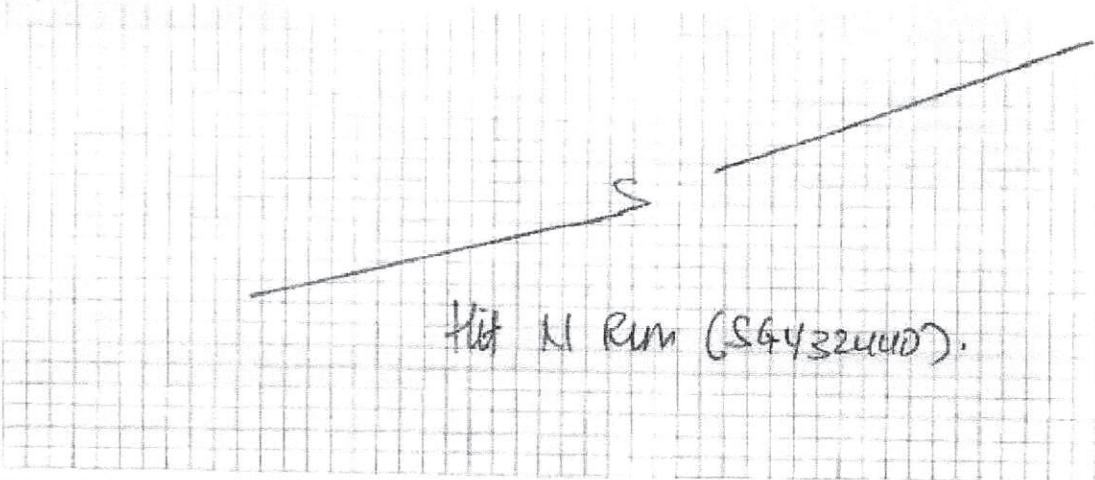

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Reporting Centre Phone No: 67416697
Name: Tel: 67416697
NRIC/FIN No: Fax: 67492205
Email: vacb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report.

DECLARATION

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


Policyholder's Signature
Date & Time:

06 DEC 2017
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Reporting Center Tel: 67440607
Name: Signature
Fax: 67492305
NRIC: 271110
Email: idacvac@singnet.com.sg

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20171201/2195

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20171201/2195

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/12/2017 23:53		Vide Report No.:		Station Diary No.: 121	
Informant's Particulars					
Name of Informant: NOORAHEZAN BINTE SARIP			Address: APT BLK 510 BUKIT BATOK STREET 52 #07-25 SINGAPORE 650510		
ID Type / ID No.: NRIC NO / S7610300C			Contact No.: Home/Office: Mobile: 96482916		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 07/04/1976	Type of Informant: Vehicle Owner		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Prison officer			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 01/12/2017 22:05	Type of Location: Car Park
Location: Along Road 1 JALAN KAYU				
Open Carpark of 258A Jalan Kayu, next to Tang Teahouse.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
SGY3244D	Car	TOYOTA	SIENTA 1.5 A	Grey	Slightly Damaged	0
SLM9621M	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red		0

Details of Person Involved

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20171201/2195

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Tel No: 1800-4890999

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Report No. T/20171201/2195

CONTINUATION OF REPORT

Vehicle Owner			
Name	NOORAHEZAN BINTE SARIP	ID No.	S7610300C
Related Vehicle	SGY3244D (Car)	Contact No.	96482916
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 01/12/2017 at about 2150hrs, I travelled to jalan kayu in my vehicle (SGY3244D) before parking into the open carpark of 258A Jalan Kayu, beside Thohirah Restaurant at an unknown lot. Before I alighted from my vehicle, everything was intact and there was no damages to my vehicle.

On 01/12/2017 at about 2300hrs, I returned to my vehicle and discovered that there was a dent at the left front bottom bumper, as well as a slight dislodgement at the right front bottom bumper of my vehicle. I was approached by a witness and was informed that earlier at about 2205hrs, my car was hit by a red vehicle (SLM 9621M). However, I did not manage to get the particulars of the witness.

I wish to inform that there is no CCTV installed in my car and that I am unsure if there is any CCTV installed at the carpark that have coverage of where my vehicle was parked. I also wish to inform that the other vehicle owner did not leave behind any contact information.

Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/20171201/2195

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60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20171201/2195

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:

F /

Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI TAN LEE HWANG DAWN

Contact No.: 65476215



Authentication Stamp

Signature:

Singapore

Police Force

Signature Of Informant:

Date/Time:

01/12/2017 23:53

Classification Of Case: