

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	27/12/2017 16:42
Date Of Accident	27/12/2017 01:15
Exact Location Of Accident	BLK 165 BEDOK SOUTH RD OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5729B
Insured/Policyholder	
Name Of Registered Owner	RELIABLE RIDES PTE LTD
Co Reg No	201611527N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81669797

Vehicle Particulars

Manufacturer	TOYOTA
Model	CHR
Exact Purpose for which vehicle was being used at time of accident	PARKED
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095494111
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD HIDAYAT BIN ABDUL LATIB
NRIC No	S8320007C
Date Of Birth	30/06/1983
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87300829
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 433A SENGKANG WEST WAY #05-517
Postcode	791433
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5720Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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 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

Dir 165 breaks South Road Open Carpark

A = SLT 57 298
B = GBE 5720 Y
C = Unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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/20171227/2083

1 of 3

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

Report No. T/20171227/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2017 14:56	Vide Report No.: G/20171227/0019	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD HIDAYAT BIN ABDUL LATIB			Address: APT BLK 433A SENGKANG WEST WAY #05-517 SINGAPORE 791433		
ID Type / ID No.: NRIC NO / S8320007C			Contact No.: Home/Office: Mobile: 87300829		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 34	Date of Birth: 30/06/1983	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PRIVATE HIRE			Driving Licence Information: Class: 2B,3,4A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/12/2017 01:15	Type of Location: Car Park
Location: Along Road 1 BEDOK SOUTH ROAD BLK 165 OSCP				
Weather:		Road Surface:		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
SLT5729B	Car	TOYOTA	C-HR		Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20171227/2083

2 of 3

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

Report No. T/20171227/2083

CONTINUATION OF REPORT

Driver			
Name	MUHAMMAD HIDAYAT BIN ABDUL LATIB	ID No.	S8320007C
Related Vehicle	NIL	Contact No.	87300829
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED TIME, DATE AND PLACE.

MY VEHICLE (SLT5729B) WAS PARKED AT MY MOTHER-IN-LAW'S HOUSE. I PARKED THE CAR AT 2210HRS ON 26/12/17 AND I WENT HOME. THE NEXT DAY AROUND 1100HRS I SAW A NOTE ON MY VEHICLE FROM TRAFFIC POLICE, SAYING THAT I WAS INVOLVED IN AN ACCIDENT WITH A LORRY AND TWO PARKED CARS, ONE OF WHICH WAS MINE. I CHECKED I SAW DAMAGES ON THE LEFT FRONT BUMPER ABOVE THE TYRE AND LEFT FRONT DOOR OF MY VEHICLE. I CALLED THE IO IN CHARGE ZAYID, HE ADVISED ME TO COME DOWN TO TPHQ TO MAKE AN ACCIDENT REPORT. HE ALSO INFORMED ME OF THE VEHICLE THAT HIT AND RUN BASED ON EYE WITNESS. THE VEHICLE NUMBER IS GBE5720Y.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20171227/2083

3 of 3

Report No. T/20171227/2083

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:
TP /
TAN KIN WAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt ESTHER CHONG
Contact No.: 65476368

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
27/12/2017 14:56

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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