

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	02/01/2018 16:10
Date Of Accident	29/12/2017 09:30
Exact Location Of Accident	204A PASIR RIS ST 21 MULTI-STOREY CARPARK LEVEL 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM2585E
Insured/Policyholder	
Name Of Registered Owner	JAFFAR BIN AHMAD
NRIC No	S1562019F
Email Address	WATI67@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97589027
Alternative Phone No	OTHERS-97589027

Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V04877/VPC2/R00
Cover Note Number	

Driver

Name of Driver	JAFFAR BIN AHMAD
NRIC No	S1562019F
Date Of Birth	14/03/1962
Occupation	INDOOR
Date Of Driving Pass	03/04/1985
Driving Experience	32 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97589027
Fax Number	
Contact Number	OTHERS-97589027
Email Address	WATI67@GMAIL.COM

Address	BLK 204 PASIR RIS STREET 21 #03-308
Postcode	510204
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

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	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SH6126P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLB1353Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1


SKETCH PLAN


IMPORTANT NOTICE

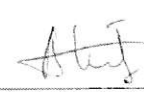
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.:

SKETCH PLAN

Vehicle A : SLM 2585E

Vehicle B : SH6126P

Vehicle C : SLB 1353Y

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT NUMBER T/20171229/2098.

DECLARATION

1/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/PIN No.:



**SINGAPORE
POLICE FORCE**



T/20171229/2098

1 of 3

Police Station Of Origin:
Thomson.NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20171229/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/12/2017 18:52		Vide Report No.: G/20171229/0066		Station Diary No.: 59	
Informant's Particulars					
Name of Informant: JAFFAR BIN AHMAD			Address: APT BLK 204 PASIR RIS STREET 21 #03-308 SINGAPORE 510204		
ID Type / ID No.: NRIC NO / S1562019F			Contact No.: Home/Office: Mobile: 97589027		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 14/03/1962	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/12/2017 07:45	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 21 B/204A PASIR RIS STREET 21				
Weather: INDOORS		Road Surface: UNKNOWN		Road Speed Limit:
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
SH6126P	Car					0
SLB1358Y	Car					0
SLM1568E	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20171229/2098

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20171229/2098

CONTINUATION OF REPORT

Details of Person Involved:			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	JAFFAR BIN AHMAD.	ID No.	S1562019F
Related Vehicle	SLM2585E (Car)	Contact No.	97589027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 29 Dec 2017, at about 7.15am, I drove my vehicle (SLM2585E) and parked it at the carpark of B/204A Pasir Ris Street 21, Lot No: 40. I then returned home there after. On the same day at about 2.20pm, I returned to the car park and retrieve my vehicle.

This was when I observed that there was dents and scratches on the front left of my vehicle. I observed that my car had been shifted to the right back of the said lot. I then observed a police case card with reference incident number G/20171229/0066, IO Sophian, 65476247. I then contacted the IO and was advised to lodge a traffic accident report. I was briefly informed that a taxi (SH6126P) had collided to my vehicle and another vehicle (SLB1353Y).

I wish to state that I do not have any in car camera which was operating at that point. I am lodging this police report for insurance claim and in compliance with traffic police request.

me
205/501217 (8)

Common Statement Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171229/2098

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20171229/2098

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:

E /

Sgt 1 CHENG XINLIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/12/2017 18:52

Officer In Charge Of Case:

TP / CIT /

Classification Of Case:

Contact No:

Authentication Stamp

NF168