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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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.

archiving and that copies of this report will, for a fee, be made avance. 7. By the lodgement of this report to the insurers, you hereby con aforesaid.	ailable upon application by interested parties. sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/01/2018 12:15
Date Of Accident	29/01/2018 14:00
Exact Location Of Accident	ALONG KANDAHAR STREET
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH3356D
Insured/Policyholder	
Name Of Registered Owner	RIYATH BIN SALLEH ABDAT
NRIC No	S1640554Z
Email Address	JULIE.BAKES@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93874600
Alternative Phone No	OTHERS-93874600
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HARRIER-2.0 ELEGANCE (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5080577532-01 DRIVO CLASSIC
Cover Note Number	07/06/2017 TO 06/06/2018
Driver	
Name of Driver	RIYATH BIN SALLEH ABDAT

Name of Driver RIYATH BIN SALLEH ABDAT

NRIC No S1640554Z

Date Of Birth 22/08/1964

Occupation OUTDOOR

Date Of Driving Pass 10/09/1982

Driving Experience 35 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93874600

Fax Number

Contact Number OTHERS-93874600

EMail Address JULIE.BAKES@HOTMAIL.COM

Address

APT BLK 559 PASIR RIS ST 51 #05-213 (S) 510559

Postcode

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

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5852999 - FAX NO: 65855261

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

refer with police report t/20180130/2004

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

PA8528Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. 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 Police for investigation.
- 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:
 - 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 fignature.

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



A: SGH 33560

B: PA 8628Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

rafor	with	police re	mrd.	T/20180130/204	
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····				Other Workshop	
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	oing particulars a	re true in every respect.		a WOOD A	
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70eV7				2003	
holder's Signature & Time:		Driver's Signature (If driver is not the policyholde	·r)	Reporting Centre Personnel & Signature Name:	
n tilliter		Date & Time:		NRIC/FIN No.:	

police report Pg. 1





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999

1 of 3 Report No. T/20180130/2004

DEDODT	AE A	TOACEIC	ACCIDENT
REPURI	UFF	INAFFIC	Market Services

	ne Report M 018 00:19	Nade:	Vide Report No.:	Station Diary No.: 13	
Informa	nt's Particu	ulars			
	Informant: BIN SALLE	EH ABDAT	Address: APT BLK 559 PASIR RI	S ST 51 #05-213 SINGAPORE 510559	
	/ ID No.: O / \$16405!	54Z	Contact No.: Home/Office:	Mobile: 93874600	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 53	Date of Birth: 22/08/1964	Type of Informant: Driver		
Race: Arab	CONT	3000 00 B (44 00 00 00 00 00 00 00 00 00 00 00 00 0	Language:	Institution / School Name:	
Occupation: PETROLEUM SURVEYOR		Driving Licence Informa Class: 3,4	tion: Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/01/2018 14:00	Type of Location: Car Park	
Location: Along Road 1 KANDAHAR : Weather: Sunny		Road Surface:		Road Speed Limit:	
···		Traffic Control:		Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Side Sv	vipe - Same Direction		Anyone conveyed by ambulance: No	

Vehicle No.	Type ·	Make	Model	Color	Condition	No of Passenger
PA8528Y	Bus/Coach/Mi nibus					0
SGH3356D	Car	TOYOTA	HARRIER ELEGANCE 2.0 A	Silver	Slightly Damaged	0

Insurance Company	Insurance No	Effective	Expiry Date
NTUC Income Insurance Co-Operative	5080577532-01	07/06/2017	06/06/2018
		Insurance Company Insurance No NTUC Income Insurance Co-Operative 5080577532-01	moditation beniperity



T/20/50/20/20

F/20180130/2004

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 2 of 3 Report No. T/20180130/2004

Tel No: 1800-5852999

CONTINUATION OF REPORT

Any Pedestrian Ir	rvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			
Driver						
Name	RIYATH BIN SALLEH ABDAT		ID No		S1640554Z	
Related Vehicle	SGH3356D (Car)		Conta	ct No.	93874600	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days granted Medical Leave NIL			Degree o	finjury	NIL	

Brief Details.

On 29/1/18 at about 1400hrs, I parked my vehicle SGH3356D along Kandahar Street on a proper parking lot. At about 1700hrs, I retrieved my car and went home.

At about 2000hrs, I retrieved my vehicle at my multistory carpark and saw that there were damages on my vehicle.

The front left-side of my vehicle suffered damages such as a dents, scratches on the bumper and rims and the front left bumper gave way.

I looked through my in-car camera footage and caught a bus PA8528Y had side-swiped my vehicle prior to making a left turn. It then left without leaving a contact number.

police report Pg. 1





Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457 Tel No: 1800-5852999 3 of 3 V Report No. T/20180130/2004

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 I G / Sgt 3 S EVA SHERRIENA BINT		Signature Of Informant:	Thyail
Signature Of Interpreter: Not applicable		Date/Time: 30/01/2018 00:19	2
Officer In Charge Of Case: TP / HRT / × SI ABDUL KAREEM BIN ABDU) Contact No.: 65476079	GES V. SINGAPOR		
Authentication Stamp NP168	POLICE FO	SIGNATURE	