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.
- 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

7. By the loagement of this report to the insurers, you nereby consaforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	27/02/2018 09:55			
Date Of Accident	26/02/2018 11:30			
Exact Location Of Accident	JURONG WEST ST 91 BLK 912 OPEN CARPARK			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SLQ4592A			
Insured/Policyholder				
Name Of Registered Owner	NORAINI BTE HASSAN			
NRIC No	S1301982G			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-91279035			
Alternative Phone No	OFFICE-91279035			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	ESTIMA AERAS 2.4 A			
Exact Purpose for which vehicle was being used at time of accident	PARKED VEHICLE			
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	5097299016			
Cover Note Number	-			
Driver				
Name of Driver	ABDUL MALIK BIN ZAKARIA			
NRIC No	S0173207B			

NRIC No S0173207B
Date Of Birth 15/05/1951
Occupation INDOOR
Date Of Driving Pass 04/08/1998

Driving Experience 19 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91279035

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 912 JURONG WEST ST 91 #03-242 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name NANYANG NEIGHBOURHOOD POLICE CENTRE

NO

0

ROAD: 2 JURONG WEST AVENUE 5, POSTCODE: 649482, COUNTRY: Police Station Address

SINGAPORE

NO

Police Station Contact TEL NO: 1800-7929999 - FAX NO: 67912972

Was notice of intended Prosecution given?

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

HAVENT RETRIEVE Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDW9651T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Page 2 of 21

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.
- 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 (all 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:
 - 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 Strature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

KETCH PLAN	
	A= 51Q 4592A
	8 = 50W 9651T
	A
	A
	Juroug west at 91 BIK 912 Open corpork
SCRIBE CIRCUMST	ANCES OF THE ACCIDENT
Please	Refer to Police Report
111	poset to votice Report
CLARATION Ve declare the foregoing	ng particulars are true in eyery respect.
To secure the foregon	1 10.2
	Mal
licyholder's Signature	Driver's signature Reporting Centre Personnel's Signature
te & Time:	(If driver not the policyholder) Name:
	Date & Time: NRIC/FIN No.:

POLICE REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482

Report No. T/20180225/2133

Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

26/02/2018 16:33			Vide Report No.:	Station Diary No.: 130
Informa	nt's Partic	ulars		
	Informant MALIK BIN		Address: APT BLK 912 JURONG WEST STREET 91 #03-242 SINGAPORE 640912	
ID Type / ID No.: NRIC NO / S0173207B Nationality: SINGAPORE CITIZEN			Contact No.: Home/Office:	Mobile: 91279035
			Email:	
Sex: Male	Age: 66	Date of Birth: 15/05/1951	Type of Informant: Vehicle Owner	
Race: Malay			Language:	Institution / School Name:
Qccupation: RETIRED			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 26/02/2018 11:30	Type of Location Car Park	
Location: Along Road 1 JURONG WE Open car parl Weather:	ST STREET 91	Road Surface:	R	oad Speed Limit:	
01		Drv		- W 111	
		The second secon		W 11.	
Clear Traffic Flow: Two Way		Traffic Control: Not Controlled		raffic Volume: o Traffic	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SDW9651T	Car		MERCEDES BENZ	Silver		0
SLQ4592A	Car		ESTIMA AERAS 2.4 A	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT





Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 2 of 3 Report No. T/20180226/2133

Tel No: 1800-7929999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLQ4592A	NTUC Income Insurance Co-Operative Limited			

Brief Details.

On 25/02/2018 at about 2300hrs, I parked my car bearing registration plate number (SLQ4592A) at the open car-park under my block and went home.

On 26/02/2018 at about 1130hrs, my neighbor came to my house to informed me that my car was hit by a silver Mercedes Benz bearing registration plate number (SDW9651T) and drove away immediately. I went down to make a check and notice that my front left bumper was slightly damaged. I wish to state that I have In Car Camera in my car but I do not know how to access to it. My neighbor also advised me to go to any police station to lodge a police report hence I am lodging this report for investigation purposes.

POLICE REPORT





3 of 3 Report No. T/20180226/2133

Police Station Of Origin: Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

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: J / Sgt 2 LAU TUCK WEI JEREMY	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/02/2018 16:33
Officer In Charge Of Case: TP / HRT / SI TAN LEE HWANG DAWN Contact No.: 65476215	Classification Of Case:
Authentication Stamp SN 127	
Singapore Police Force	

























