

## 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 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	23/04/2018 12:24
Date Of Accident	27/03/2018 22:10
Exact Location Of Accident	PASIR RIS DRIVE 6 BLK 442 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD4434D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RAOOF S/O ABDUL MAJEED
NRIC No	S7235274B
Email Address	AR@CHALLENGE.BIZ
Mobile Phone No	(LOCAL) +65-96220459
Alternative Phone No	OTHERS-96220459

### Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	DRIVING HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5080992164-01
Cover Note Number	

### Driver

Name of Driver	ABDUL RAOOF S/O ABDUL MAJEED
NRIC No	S7235274B
Date Of Birth	21/09/1972
Occupation	INDOOR
Date Of Driving Pass	18/02/1994
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96220459
Fax Number	
Contact Number	OTHERS-96220459
Email Address	AR@CHALLENGE.BIZ

Address	BLK 442 PASIR RIS DRIVE 6 #02-36
Postcode	510442
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

#### 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	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180328/2017

#### 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	SKF8033R
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

### SKETCH PLAN

#### 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 liability**.
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. 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:

23/4/2018

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

23/04/2018

## Sketch Plan #2

### SKETCH PLAN

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Parked at  
 illegally  
 against the  
 flow of  
 traffic

SKF 2033R  
 SKO 4434D

PLEASE REFER TO POLICE REPORT T/20180328/2017

### DECLARATION

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

Policyholder's Signature  
Date & Time:

23/4/18

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

23/04/2018  
[Signature]  
[Signature]

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180328/2017

1 of 3

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

Report No. T/20180328/2017

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 07:06	Vide Report No.: G/20180327/0223	Station Diary No.: 32
--	-------------------------------------	--------------------------

#### Informant's Particulars

Name of Informant: ABDUL RAOOF S/O ABDUL MAJEED			Address: APT BLK 442 PASIR RIS DRIVE 6 #02-36 SINGAPORE 510442	
ID Type / ID No.: NRIC NO / S7235274B			Contact No.: Home/Office: Mobile: 96220459	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 21/09/1972	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: University lecturer			Driving Licence Information: Class: 3 Date of Expiry:	

#### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/03/2018 22:10	Type of Location: Car Park
Location: Along Road 1 PASIR RIS DRIVE 6				
Carpark of blk 442 Pasir Ris Dr 6.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between moving vehicle and stationary vehicle.			Anyone conveyed by ambulance: No	

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD4434D	Car	BMW	520i 2.0L AT D/AB 2WD 4DR GAS/D NAV	Black	Slightly Damaged	0
SKF8033R	Car					0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



#### Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180328/2017

2 of 3

Report No. T/20180328/2017

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

#### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKD4434D	NTUC Income Insurance Co-Operative Limited	5080992164-01	29/06/2017	28/06/2018

#### Brief Details.

On 27/03/2018 at about 2210hrs, I was driving my vehicle bearing the plate number SKD4434D back home. I entered the carpark of my block which is at 442 Pasir Ris Dr 6. I believed a vehicle bearing the plate number SKF8033R was illegally parked at a double yellow line and it was partially blocking the entrance which is approximately 50m away from the gantry. I tried to avoid the said vehicle and I believe that my vehicle must have slight brushed along the side of the said vehicle. I did not feel any impact thus I did not make any report. On 28/03/2018, my home was visited by the TP officers in regards to the accident and I was advised to lodge a police report.

## Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20180328/2017

3 of 3

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

Report No. T/20180328/2017

### 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:

G /

Sgt 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2018 07:06

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

Authentication Stamp

NP168





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

