

## 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             | 25/05/2018 14:18       |
| Date Of Accident           | 24/05/2018 02:00       |
| Exact Location Of Accident | ALONG CHWEE CHIAN VIEW |
| Country/State of Loss      | SINGAPORE              |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKC342S              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | SENIN BIN SAHAK      |
| NRIC No                     | S1430029E            |
| Email Address               | HIDAYASEN@YAHOO.COM  |
| Mobile Phone No             | (LOCAL) +65-96217994 |
| Alternative Phone No        | OTHERS-90190059      |

### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | TOYOTA         |
| Model  | ALPHARD        |
| Exact Purpose for which vehicle was being used at time of accident           | CAR WAS 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 CAR    |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5056996292-05                          |
| Cover Note Number         |  |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | NORHIDAYATI BINTI SENIN |
| NRIC No              | S8670655E               |
| Date Of Birth        | 08/01/1986              |
| Occupation           | OUTDOOR                 |
| Date Of Driving Pass | 13/05/2005              |
| Driving Experience   | 13 YEARS AND 0 MONTHS   |
| Gender               | FEMALE                  |
| Mobile Number        | (LOCAL) +65-96217994    |
| Fax Number           |                         |
| Contact Number       | OTHERS-90190059         |
| Email Address        | HIDAYASEN@YAHOO.COM     |

|   |                     |
|---|---------------------|
| Address   | 19 CHWEE CHIAN VIEW |
| Postcode  | 119701              |
| Was driver an employee of the Insured's Company     | NO                  |
| If No, Relationship of the Driver with the Insured  | CHILDREN            |
| 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       | WET   |

#### 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)   | 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 - SINGAPORE CITY  |
| Police Station Address                    | <b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 65470000 - <b>FAX NO:</b>   |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190525/7010

#### Attachment(s)

|   |                           |
|---|---------------------------|
| Are accident photos available for attachment? | YES                       |
| Was there any video captured by Car Camera?   | YES                       |
| Remarks/ Reasons:                             | FILE TOO LARGE WITH OWNER |
| Was there any audio recorded?                 | NO                        |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SLM71J      |
| Vehicle Make/Model/Colour   | LEXUS       |
| 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

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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)**

(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.

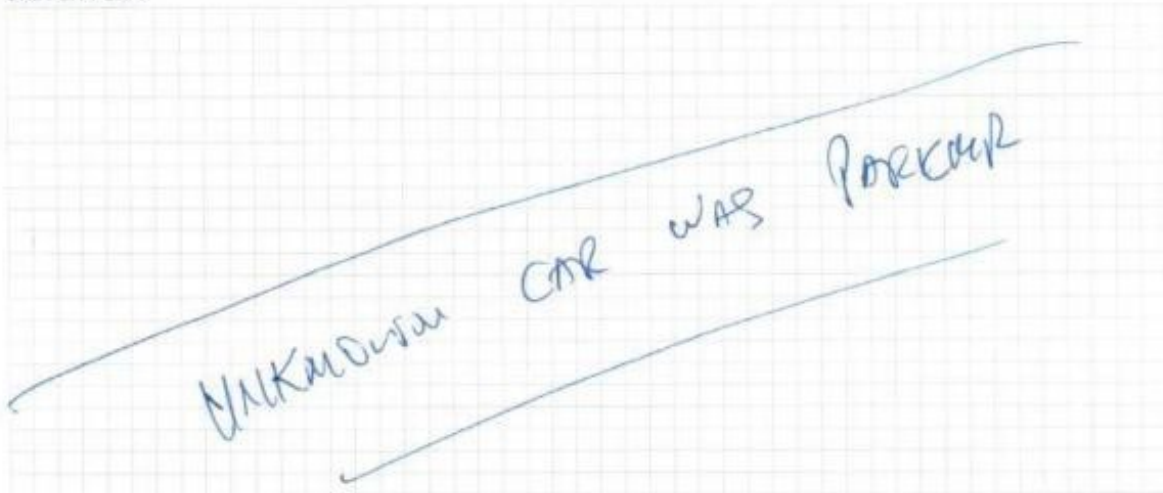
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT  
7/20180525/7010

### 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: Keri Walters  
NRIC/FIN No.:

QUARTERMASTER/PLANT/WH/SCS

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180525/7010

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

1 of 3

Report No. T/20180525/7010

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                                     |  |                    |                            |
|---|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>25/05/2018 11:37    |            | Vide Report No.:<br>D/20180524/0056 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>                |            |                                     |  |                    |                            |
| Name of Informant:<br>NORHIDAYATI BINTI SENIN |            |                                     | Address:<br>19 CHWEE CHIAN VIEW SINGAPORE 119701 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S8670655E      |            |                                     | Contact No.:<br>Home/Office: Mobile: 90190059    |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN             |            |                                     | Email:<br>hidadasen@yahoo.com                    |                    |                            |
| Sex:<br>Female                                | Age:<br>32 | Date of Birth:<br>08/01/1986        | Type of Informant:<br>Driver                     |                    |                            |
| Race:<br>Malay                                |            |                                     | Language:<br>English                             |                    | Institution / School Name: |
| Occupation:<br>EXECUTIVE MARKETING            |            |                                     | Driving Licence Information:<br>Class: 3         |                    | Date of Expiry:            |

## General Information of the Accident

|   |                                  |                                    |  |                                     |
|---|----------------------------------|------------------------------------|--|-------------------------------------|
| Type of Accident:   | Non-Injury<br>Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>24/05/2018 02:02 | Type of Location:<br>T-Junction     |
| Location:<br><br>CHWEE CHIAN VIEW                             |                                  |                                    |  |                                     |
| Weather:<br>Clear   |                                  | Road Surface:<br>Wet               |  | Road Speed Limit:                   |
| Traffic Flow:<br>Two Way                                      |                                  | Traffic Control:<br>Not Controlled |  | Traffic Volume:<br>No Traffic       |
| Type of Collision:<br>Moving Vehicle Against - Parked Vehicle |                                  |                                    |  | Anyone conveyed by ambulance:<br>No |

## Details of Vehicle Involved

| Vehicle No. | Type | Make   | Model   | Color  | Condition        | No of Passenger |
|-------------|------|--------|---------|--------|------------------|-----------------|
| SKC342S     | Car  | TOYOTA | ALPHARD | Silver | Slightly Damaged | 0               |
| SLM71J      | Car  | LEXUS  | LEXUS   | Silver |                  | 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/20180525/7010

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

2 of 3

Report No. T/20180525/7010

### CONTINUATION OF REPORT

|                                   |                         |  |                                 |
|-----------------------------------|-------------------------|--|---------------------------------|
| Driver                            |                         |  |                                 |
| Name                              | NORHIDAYATI BINTI SENIN | ID No.                                 | S8670655E                       |
| Related Vehicle                   | SLM71J (Car)            | Contact No.                            | 90190059                        |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                             |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                             |

#### Brief Details.

In the morning of 24 May my sister was on her way to work about 7.30 in the morning when she saw the damage on our vehicle. So she texted me instantly but I only checked my phone about 9 in the morning. So after looking around at our neighbour's for any possible car damage, we decided to call up a traffic police to come and investigate. But we suspected our neighbour hit our car as we saw possible dent on his vehicle. Traffic police officer did question him but we couldn't confirm anything yet. So we approach one of our neighbour to ask if we can have a look into his camera footage. By looking at the footage I can recognize that the involved vehicle that hit us belongs to our neighbour. Footage was already sent to IO Tan Chin Yong via WhatsApp.

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180525/7010

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

3 of 3

Report No. T/20180525/7010

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
YEO CHUN JIAN  
Contact No.: 65476213

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
25/05/2018 11:37

Classification Of Case:



Accident Photo



## Driving License



Accident Photo



Accident Photo





**Accident Photo**



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo







Accident Photo



Accident Photo





Accident Photo



Accident Photo

