





## 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

### IMPORTANT NOTICE

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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:

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

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

SKETCH PLAN

UNKNOWN CAR WAS PARKED

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: Keshi WATSON  
NRIC/FIN No.:





# SINGAPORE POLICE FORCE



T/20180525/7010

1 of 3

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

Report No. T/20180525/7010

**REPORT OF A TRAFFIC ACCIDENT**

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

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

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKC342S	Car	TOYOTA	ALPHARD	Silver	Slightly Damaged	0
SLM71J	Car	LEXUS	LEXUS	Silver		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180525/7010

2 of 3

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

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 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.





**SINGAPORE  
POLICE FORCE**



T/20180525/7010

3 of 3

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

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:

## Claim Handling

Accident MT/0995916

Policy No.	5056996292-05	Vehicle No.	SKC3425	GST Registration No.	
Policyholder Name	SENIN BIN SAHAK			Policyholder NRIC	S1430029E
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	96217994	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input type="checkbox"/> No <input type="checkbox"/> Yes	TCA	<input type="checkbox"/> No <input type="checkbox"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	40	Private Hire	No

## Accident Details

Report Date	25/05/2018 15:35	Accident Report Within 24 hrs	Yes	Accident Type	Hit and run
Date of Accident	24/05/2018	Time of Accident hh:mm	02:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG CHWEE CHIAN VIEW				

## Benefits

## Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	500.00	Outside Singapore OD Excess	500.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

## Policyholder Mailing Address

Address 1	19 CHWEE CHIAN VIEW	Address 2	CHWEE CHIAN VIEW	Address 3	SINGAPORE 119701
Address 4		Address Type	Singapore address	Post Code	119701
Unit No.		Related Policy Number	5056996292-05		

## OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	08/01/1986
Unnamed driver Name	NORHIDAYATI BINTI SENIN	Driver NRIC	S8670655E	Driving Experience	13
Register Date of Driver License	13/05/2005	Driver Age	32	Contact No.(Home)	
Contact No.(Mobile)	90190559	Contact No.(Office)		Address 3	SINGAPORE 119701
Address 1	19 CHWEE CHIAN VIEW	Address 2	# CHWEE CHIAN VIEW	Post Code	119701
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver Vehicle No.	SKC3425	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Modification History

Claim 001

New

Claim Type *	OD-MX	Insured Name	SENIN BIN SAHAK	Insured NRIC	S1430029E
Contact No.(Mobile)		Contact No.(Home)	64496006	Contact No.(Office)	
Email Address		OI Vehicle Number	SKC3425	TP Vehicle Number	SLM713
Claim Description	SKC3425 / SLM713 ON 24 May 2018			Name of Preferred Workshop	
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	GIA report	Received
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	Date Received	25/05/2018 00:00
Date Registered	25/05/2018 15:39	Claim Close Date			
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

## Attachment

Accident No.	MT/0995916	Claim No.	001																																
Last Doc. Received	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Upload Date	25/05/2018 15:40																																
Path *	<table> <thead> <tr> <th>Category *</th><th>Confidential</th><th>Urgency *</th><th>Description *</th></tr> </thead> <tbody> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> <tr><td>Clear Please Select</td><td>NO</td><td>Normal</td><td></td></tr> </tbody> </table>			Category *	Confidential	Urgency *	Description *	Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal		Clear Please Select	NO	Normal	
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## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent? (CO)	Action
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 15:40	Photos	Normal	Photos 2018-5-25		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 15:40	Photos	Normal	Photos 2018-5-25		Edit
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 25 May 2018 15:40	Photos	Normal	Photos 2018-5-25		Edit



## ACCIDENT STATEMENT

ACCIDENT DATE: 24 / 05 / 2018 (DD/MM/YYYY), TIME: 02 : 02 (HH:MM)

LOCATION: Chwee Chian View (T Junction)

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKL 342 S ✓  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5056996292-05  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: TOYOTA ALPHARD  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: ~~PRIVATE USE~~ CAR was parked  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: SENIN BIN SAHAK ✓ (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S1430629E CONTACT: 96277999  
c) ADDRESS: 19 CHWEE CHIAN VIEW  
SINGAPORE (119701)

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### 3. DRIVER

- a) NAME: Norhidayati Binti Senin (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: S8670655E CONTACT: 9019 0059  
c) ADDRESS: 19 CHWEE CHIAN VIEW  
SINGAPORE (119701)

\*d) DATE OF BIRTH: (08 / 01 / 1986) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 13 MAY 2005

### 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Daughter

### 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

### 6. WAS ANYBODY INJURED (YES / NO)

### 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SLM 713 MODEL: LEXUS  
b) DRIVER'S NAME:  
c) NRIC/FIN/PASSPORT: CONTACT:

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:  
e) DRIVER'S NAME:  
f) NRIC/FIN/PASSPORT: CONTACT:

1) EMAIL: hidayasene@yahoo.com

2) VIDEO:

(0)  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER  
( )  
NUMBER OF  
PASSENGER  
INCLUDING DRIVER

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8670655E**



Name

**NORHIDAYATI BINTI SENIN**

Race

**MALAY**

Date of birth

**08-01-1986**

Sex

**F**

Country/Place of birth

**INDONESIA**



NRIC No **S8670655E**

Date of issue

**11-01-2016**

Address

**19 CHWEE CHIAN VIEW  
SINGAPORE 119701**

5548275

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number **S8670655E**

Name

**NORHIDAYATI BINTI SENIN**

Birth Date **08 Jan 1986**

Issue Date **13 May 2005**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

**Class 3** Motor cars  $\leq$  3000 kg with  $\leq$  7 passengers,  
exclusive of the driver; and motor tractors  
/vehicles  $\leq$  2500 kg

**13 May 2005**

Licence No: **S8670655E**

NP 428A



Hello, NAC\_BUKIT\_MERAH\_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="24/05/2018 14:12"/>						
Vehicle No.(For Motor)	<input type="text" value="SKC342S"/>	<input type="button" value="Search"/>							
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5056996292-05	SENIN BIN SAHAK	S1430029E	GPC	drivo CLASSIC	SKC342S	SKC342S	25/11/2017	24/11/2018
<input type="button" value="Continue"/>									