## SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

Mobile Number

**Contact Number** 

**EMail Address** 

Fax Number

- 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 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.	•
	ACCIDENT STATEMENT
Date Of Report	12/06/2018 11:31
Date Of Accident	11/06/2018 23:50
Exact Location Of Accident	CARPARK HG20 LORONG AH SOO OSCP
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKU2524B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ALI FAISAL
NRIC No	S7590030I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96747314
Alternative Phone No	OTHERS-96747314
Vehicle Particulars	
Manufacturer	LEXUS
Model	IS250
Exact Purpose for which vehicle was being used at time of accident	STATIONARY 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	5091999866
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	MOHAMED ALI FAISAL
NRIC No	S7590030I
Date Of Birth	13/04/1975
Occupation	INDOOR
Date Of Driving Pass	11/07/1996
Driving Experience	21 YEARS AND 11 MONTHS
Gender	MALE

(LOCAL) +65-96747314

OTHERS-96747314

**NOEMAIL** 

Address

BLK 129 #10-332 LORONG AH SOO

Postcode

530129

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

NO

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

2 NO

Was any body injured in the Accident?

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 HEADQUARTERS

Police Station Address

ROAD: 10 UBI AVENUE 3 SINGAPORE, POSTCODE: 408865,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

Refer to attached statement

Attachment(s)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO BIG

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

COMMERCIAL VEHICLE

Vehicle Registration Number

GBC539Z

Vehicle Make/Model/Colour **Details Of Properties** 

Vehicle Category Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE		Report Date & Start Time:	12-06-2018 / 11:29
Report No: MT/	D.O.A: <u>11-06-2018</u> Time: <u>23:50</u> <u>hrs</u>	Vehicle No. SKU2524B	Reporting Type:

### 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 <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.
- 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)

Lunderstand, 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.

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

- (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

12-06-18 / 11:29

Alan Tang (S098825) Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel

Page 4 of 19

# Sketch Plan Pg. 2

SKETCH PLAN	B B	
Vehicle A: SKU2524B	Carpark HG20, Lorong Ah Soo OSCP  Vehicle B: GBC539Z	

Refer to attached statement		DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
	-	
	-	
	-	
	I	
	۱	
1	١	

# Declaration

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

12-06-18 / 11:29

12-06-18 / 11:29

Alan Tang (S098825) Customer Care Executive Motor Service Centre

K

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

12 June 2018

#### Statement of Hit&Run incident to vehicle SKU 2524B

On 11 June 2018, about 2300 hrs, I parked my vehicle SKU 2524 B at lot number 592 in my Lorong Ah Soo carpark (HG20). On my right at lot number 591 was a silver van GBC 539 Z.

On 12 June 2018 morning about 0715 hrs, my wife upon reaching our car, found the front right bumper heavily damaged and hanging loose. She immediately called me. I went to the car and took photos of the damage. Upon retrieving my in-car camera footage, I found that at about 2350 hrs the night before, the van GBC 539 Z had exited its lot 591 in a careless way and did the above-said damage.

About ten minutes later at midnight, another vehicle SKB 2552 U parked at lot 591, and the owner and his female partner can be seen briefly staring at the damage to my vehicle.

All clear evidence for my above statements is present in my in-car camera footage submitted to the police.

Please note that my in-car camera device has a time and date stamp error, hence the date is wrongly indicated as 10 May for 11 June. The time indicated is also about four hours behind the actual time.

1

Mohamed Ali Faisal

NRIC & Driving Licence number \$75900301

Owner of SKU 2524 B





1 of 3 Report No. T/20180612/2032

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/06/2018 10:51			Vide Report No.:		Station Diary No.:	
Informant'	s Particul	ars				
Name of In		٨١	Address:	10 333 UDD	HOLICANO	
MOHAMED	ALI FAIS	AL	APT BLK 129 LOR AH SOO # SINGAPORE 530129	10-332 NDD	-nougang	
ID Type / II			Contact No.:			
NRIC NO / S7590030I		)l	Home/Office:	Home/Office: Mobile: 96747314		
Nationality:			Email:			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	43	13/04/1975	Vehicle Owner			
Race:			Language:	Institution /	School Name:	
Occupation:			Driving Licence Information:			
Other university, polytechnic and			Class: 3	Date of Ex	piry:	
higher education teachers						

General Inform	nation of the Acciden		10.		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 11/06/2018 23:5	0	Type of Location: Car Park
Location: Along Road 1 LORONG AH	SOO 620, LOT NUMBER 59:	2			
Weather:		Road Surface:		Roa	d Speed Limit:
Clear		Dry			5
Traffic Flow:		Traffic Control: Not Controlled		5,756,75	fic Volume: Fraffic
Type of Collision Moving Vehicle	on: e Against - Parked Veh	icle		1 -	one conveyed by ulance:

Details of V	ehicle Involved	d				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBC539Z	Van			Silver		0
SKU2524B	Car				Seriously	0
					Damaged	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180612/2032

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

### **CONTINUATION OF REPORT**

Vehicle Owner		Service and other				
Name	MOHAMED ALI FAISAL			ID No	•	S7590030I
Related Vehicle	NIL			Conta	ct No.	96747314
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Dat		Date Discl	harge	NIL	
No. of Days granted Medical Leave NIL		Degree of	Injury	NIL		

#### Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I HAD PARKED MY CAR AT THE ABOVE STATED CARPARK AND LOT NUMBER AT ABOUT 11PM. WHEN I PARKED, THE VAN MENTIONED ABOVE WAS ALREADY PARKED ON MY RIGHT. THE NEXT MORNING AT 07:15 AM, MY WIFE DISCOVERED THE DAMAGE AND CALLED ME. THERE WERE DAMAGES ON THE FRONT RIGHT SIDE OF THE CAR. THE FRONT BUMPER IS HANGING LOOSE ON THE RIGHT SIDE OF THE CAR. I HAVE TWO IN-CAR CAMERAS (FRONT AND BACK). I REVIEWED THEM AND NOTICED THAT THE VAN ACTUALLY HIT INTO MY VEHICLE WHEN HE WAS EXITING AT 11:50 PM. I MANAGED TO CAPTURE THE VAN PLATE NUMBER AND ALSO HAVE FOOTAGE OF THE WHOLE INCIDENT. THE VAN DID NOT STOP AT ALL AFTER HITTING MY CAR. THE DAMAGE WAS VERY OBVIOUS, BECAUSE AT MIDNIGHT ANOTHER CAR TOOK THE EMPTY SPOT BESIDE MY CAR. MY CAMERA ACTUALLY CAPTURED THE DRIVER LOOKING AT MY CAR DAMAGE AND WONDERING WHAT HAPPEN.





3 of 3

Report No. T/20180612/2032

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

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 TP / KHALED AMR HASSAN MOHSSEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2018 10:51
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE Contact No.: 65476079	Classification Of Case:  SINGAPORE
Authentication Stamp NP168	POLICE FORCE Signature: