

## 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	29/08/2018 10:45
Date Of Accident	14/08/2018 10:15
Exact Location Of Accident	ALONG STIRLING ROAD TOWARDS COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV2417K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHARIPPAH BINTE SUKRI
NRIC No	S1197845B
Email Address	SHARIPPAH.SUKRI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97874493
Alternative Phone No	OFFICE-97874493

### Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 X (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	LONPAC INSURANCE BHD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	Z18VP05017307
Cover Note Number	

### Driver

Name of Driver	SHARIPPAH BINTE SUKRI
NRIC No	S1197845B
Date Of Birth	10/03/1951
Occupation	INDOOR
Date Of Driving Pass	29/10/1977
Driving Experience	40 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97874493
Fax Number	
Contact Number	OFFICE-97874493
EMail Address	SHARIPPAH.SUKRI@GMAIL.COM

Address	BLOCK 316 JURONG EAST STREET 32 #02-289
Postcode	600316
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	COLLIDED INTO PARKED VEHICLE
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 [OTHER]	JURONG EAST NPC - PLEASE REFER TO THE ATTACHED POLICE REPORT
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Please refer to the attached Police Report and the accident details

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



SKETCH PLAN

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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: 29/8/18  
9:30am

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

SKETCH PLAN

~~Plan~~

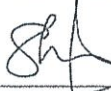
Please refer to police report.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.  
Report NO. T/20180829/2012

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 29/8/18  
9:30am

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

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





**SINGAPORE  
POLICE FORCE**



T/20180829/2012

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20180829/2012

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/08/2018 09:02		Vide Report No.:		Station Diary No.: 13	
<b>Informant's Particulars</b>					
Name of Informant: SHARIPPAH BINTE SUKRI			Address: APT BLK 316 JURONG EAST STREET 32 #02-289 SINGAPORE 600316		
ID Type / ID No.: NRIC NO / S1197845B			Contact No.: Home/Office: Mobile: 97874493		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 67	Date of Birth: 10/03/1951	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: PERSONAL DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/08/2018 10:15	Type of Location: Car Park
Location: Along Road 1 STIRLING ROAD  Along Stirling Rd towards Commonwealth Ave West				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLV2417K	Car	TOYOTA	RUSH 1.5X A	White	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV2417K	LONPAC INSURANCE BHD.	Z18VP05017307	30/01/2018	28/04/2019



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T/20180829/2012

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92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20180829/2012

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SHARIPPAH BINTE SUKRI	ID No.	S1197845B
Related Vehicle	SLV2417K (Car)	Contact No.	97874493
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.**

On the above mentioned date and time, I was driving my personal vehicle bearing the following details,  
SLV 2417 K

Toyota

Rush

White

in the open space car park of Stirling Rd. I wanted to exit out from the said carpark towards Commonwealth Ave West.

While I was making my way out from the said carpark, I heard a light thud, as if I mounted the kerb. However, I did not alight to make a check. I wish to state that after I have reached my destination, I then realized that there are some scratches on the rear left bumper, near to my tyre, however, I wish to state that I do not know that I have collided to any vehicle along the journey.

There is no in vehicle video recording system installed in my vehicle. My IO is Kaleswari A/P Palani (6517 6902), ref number: TP/IP/47671/2018.



SINGAPORE  
POLICE FORCE



T/20180829/2012

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

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Report No. T/20180829/2012

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:  
D /  
Sgt 2 NGU YUAN JIN 

Signature Of Informant:





Signature Of Interpreter:  
Not applicable

Date/Time:  
29/08/2018 09:02

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

 Authentication Stamp NP168	SN 34   SIGNATURE
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Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

