

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	14/08/2018 15:11
Date Of Accident	14/08/2018 10:15
Exact Location Of Accident	BLK. 49 STIRLING ROAD OPEN CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ1907X
Insured/Policyholder	
Name Of Registered Owner	COMFY LIMOUSINE SERVICES PTE. LTD.
Co Reg No	201703381N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO-1.5 HYBRID CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	18-MI000250-R01
Cover Note Number	

Driver

Name of Driver	ABDUL RAZAK BIN YUSOF
NRIC No	S1462627A
Date Of Birth	20/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1983
Driving Experience	34 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87201301
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK. 609 BUKIT PANJANG RING ROAD #03-890 SINGAPORE
Postcode	670609
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. T/20180814/2052

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	SLV2417K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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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

BLK 49 STIRLING ROAD OPEN CAR PARK
(CAR PARK NUMBER QXQ14)

A SLQ1907X

* Hirer was not at the scene and he was informed by others that his car was being hit.

[Signature]

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20180814/2052.

DECLARATION

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

Co. Reg. No.
201203384M

Policyholder's Signature

Date & Time:

[Signature] 14/8/2018
1.15pm.

Driver's Signature
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180814/2052

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180814/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/08/2018 12:26		Vide Report No.:		Station Diary No.: 39	
Name of Informant: ABDUL RAZAK BIN YUSOF		Address: APT BLK 609 BUKIT PANJANG RING ROAD #03-890 SINGAPORE 670609			
ID Type / ID No.: NRIC NO / S1462627A		Contact No.: Home/Office: Mobile: 87201301			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 56	Date of Birth: 20/10/1961	Type of Informant: Vehicle Owner		
Race: Malay		Language:		Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/08/2018 10:15	Type of Location: Car Park
Location: Along Road 1 STIRLING ROAD				
BLK 49 STRILING ROAD OPEN SPACE CAR PARK NUMBER : QXQ14				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

SLQ1907X	Car	TOYOTA	COROLLA AXIO HYBRID 1.5 CVT	Beige	Slightly Damaged	0
SLV2417K	Car	TOYOACE				0



**SINGAPORE
POLICE FORCE**



T/20180814/2052

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180814/2052

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	ABDUL RAZAK BIN YUSOF	ID No.	S1462627A
Related Vehicle	SLQ1907X (Car)	Contact No.	87201301
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 14/08/2018 at 1010hrs, I entered into Blk 49 Stirling Road car park QXQ14 and parked my Toyota Corolla, SLQ1907X near the coffee shop parking lot. I then proceeded to buy food. Later at 1015hrs, I return to my vehicle when suddenly a young adult namely, Celeb Hp:98564559 approached me and informed that earlier a vehicle, a Toyota SLV2417K had grazed into my front right panel of my vehicle. My vehicle suffered scratches. The said vehicle immediately left the parking lot.

No traffic police nor ambulance was at scene. No dash camera on my vehicle.

**SINGAPORE
POLICE FORCE**

T/20180814/2052

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

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Report No. T/20180814/2052

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:

J /

Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/08/2018 12:26

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-124351
Date of Request: 14/08/2018

Your Ref No: Online Purchase

Prime Auto Claims Service Pte Ltd
6 Benoi Place
Singapore 629927

Dear Sir/Madam,

Enquiry Date 14/08/2018
Enquiry By Chrissy Teo Ye En
TP Vehicle No. SLV2417K
Accident Date 14/08/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLV2417K	Lonpac Insurance Bhd	30/01/2018-28/04/2019	+65 62507388

Thank You.

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