

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 | 21/08/2018 11:06 |
| Date Of Accident | 13/08/2018 10:00 |
| Exact Location Of Accident | 110 LORONG 23 GEYLANG |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------------|
| Vehicle Registration Number | SJK9286G |
| Insured/Policyholder | |
| Name Of Registered Owner | OSCARS LEASING PRIVATE LIMITED |
| Co Reg No | 201431292N |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91129911 |
| Alternative Phone No | OFFICE-91129911 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | HONDA |
| Model | FIT 1.3G A |
| Exact Purpose for which vehicle was being used at time of accident | COMMERCIAL USE |
| 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | 5071881765-03 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | MUHAMMAD RIDUAN BIN AHMAD |
| NRIC No | S8214477C |
| Date Of Birth | 08/05/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 09/07/2009 |
| Driving Experience | 9 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83892512 |
| Fax Number | |
| Contact Number | OFFICE-83892512 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 218 MARSILING CRESCENT #05-43 |
| Postcode | 730218 |
| 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 | NO COLLISION |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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 | GEYLANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8486999 - FAX NO: 68486799 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - G/20180814/2037.

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 | UNKNOWN |
| Vehicle Make/Model/Colour | |
| 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)

Accident Sketch Plan

SKETCH PLAN

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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:

on behalf of

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

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

Accident Sketch Plan

SKETCH PLAN

No sketch plan provide

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 6/20180814/2032.

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:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



G/20180814/2037

1 of 2

POLICE REPORT (NP299)

Report No. G/20180814/2037

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

| | | | | | |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 14/08/2018 12:02 | | Vide Report No. | | Station Diary No. 57 | |
| Name Of Informant LEW KOK CHIN, DONALD | | Address APT BLK 614 BEDOK RESERVOIR ROAD #06-1204 SINGAPORE 470614 | | | |
| ID Type / ID No. NRIC NO / S7834018E | | Contact No. Home/Office Mobile 91129911 | | | |
| Nationality SINGAPORE CITIZEN | | Email Address | | | |
| Occupation SALES EXECUTIVE | | Sex Male | Age 39 | Date of Birth 11/11/1978 | Race Chinese |
| Institution/School Name | | Language | | | |
| Date/Time Of Incident 13/08/2018 10:00 | | Location Of Incident 110 LORONG 23 GEYLANG #02-05 VICTORY CENTRE SINGAPORE 388410 | | | |

Brief details.

I am the sales executive for Oscar Leasing Pte Ltd. On 08/08/2018, one client by the name of Muhammad Riduan Bin Ahmad had rented our car for 2 days. He is suppose to return the car on 10/08/2018. However on the 10/08/2018, Riduan did not return the car and my colleague gave him a call. Riduan then informed my colleague that he wanted to extent until 13/08/2018.

On 13/08/2018., Riduan was supposed to return the car at 10am however he did not turn up. We tried to

Signature Of Officer Recording The Report:
G / Sgt 1 SITI NUR SARYFA BINTE MOHD SARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
14/08/2018 12:02

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp CHEUNG SIU HAY
Contact No.: 62447200

Classification Of Case:

Authentication Stamp



Police Report



SINGAPORE
POLICE FORCE



G/20180814/2037

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180814/2037

give him a call but to no avail. His line was engaged. I even went over to his house on 13/08/2018 at about 1700hrs located at Marsiling Crescent. His window unit is open however when I knocked on the unit, no one answer to the door. He had an outstanding payment of SGD\$140/- from 10/08/2018-13/08/2018.

Muhammad Riduan Bin Ahmad, M/1982

S8214477C

B/218 Marsiling Crescent, #05-43

HP: 83892512

Signature Of Officer Recording The Report:

G / Sgt 1 SITI NUR SARYFA BINTE MOHD SARI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Insp CHEUNG SIU HAY
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:
14/08/2018 12:02

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

