

## 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 liability.
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	03/01/2019 11:22
Date Of Accident	02/01/2019 08:50
Exact Location Of Accident	OPEN CARPARK OF BLK 533 PASIR RIS DRIVE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5461D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOHANA BIN ABDUL RAHMAN
NRIC No	S0122847A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96553195
Alternative Phone No	OTHERS-96553195
<b>Vehicle Particulars</b>	
Manufacturer	MAZDA
Model	3-1.5 L 4-DOOR SEDAN SP.6EAT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496664
Cover Note Number	

### Driver

Name of Driver	JOHANA BIN ABDUL RAHMAN
NRIC No	S0122847A
Date Of Birth	22/12/1953
Occupation	INDOOR
Date Of Driving Pass	26/09/1985
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96553195
Fax Number	
Contact Number	OTHERS-96553195
Email Address	NOEMAIL

Address	BLK 533 PASIR RIS DRIVE 1 #05-250
Postcode	510533
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

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO SKETCH PLAN & POLICE REPORT NO. T/20190102/2084

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

**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: 03/01/19

Driver's Signature

(If driver is not the policyholder)

Date & Time: 03/01/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN

This image shows a full page of blank graph paper. The grid consists of small, uniform squares formed by thin, light gray lines. There are no margins, text, or other markings on the page.

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

AS POWER REPORT : 7/20190102/2086 ATTACH

### DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 03/1/19

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 03/01/19

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



**SINGAPORE  
POLICE FORCE**



T/20190102/2084

1 of 3

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20190102/2084

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2019 14:55		Vide Report No.:		Station Diary No.: 31	
<b>Informant's Particulars</b>					
Name of Informant: JOHANA BIN ABDUL RAHMAN			Address: APT BLK 533 PASIR RIS DRIVE 1 #05-250 SINGAPORE 510533		
ID Type / ID No.: NRIC NO / S0122847A			Contact No.: Home/Office: Mobile: 96553195		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 22/12/1953	Type of Informant: Vehicle Owner		
Race: Boyanese			Language:		Institution / School Name:
Occupation: POSTAL OFFICER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/01/2019 08:50	Type of Location: Car Park
Location: Along Road 1 PASIR RIS DRIVE 1  Open Carpark of B/533 Pasir Ris Drive 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Hit & Run				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLN5461D	Car				Seriously Damaged	0

**SINGAPORE  
POLICE FORCE**

T/20190102/2084

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9 Eunos Crescent #01-2687 SINGAPORE  
400009  
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Report No. T/20190102/2084

**CONTINUATION OF REPORT****Brief Details.**

On the 31/12/2018 at about 9pm, I parked my vehicle(SLN5461D) at the lot number 40 of the open carpark of my block(PR3). I cannot remember the exact lot number, however it is around lot number 40. Everything was intact and free from damages.

On the 2/1/2019 at about 9am, I walked to my vehicle and discovered the entire right side of my vehicle to be dented. There was no vehicle that was parked nearby to my vehicle. Nobody approached me or was there any note that was left on my vehicle. I do not have any suspects in mind. I also wish to state that my vehicle was not driven by any of my family members since the day it was parked.

There is an in car cctv in my vehicle, however it did not managed to capture the accident as the vehicle was not turned on for a few days. I am not aware if there are any CCTVs around where I had parked my vehicle.



**SINGAPORE  
POLICE FORCE**



T/20190102/2084

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9 Eunos Crescent #01-2687 SINGAPORE  
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Tel No: 1800-7479999

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Report No. T/20190102/2084

**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:

G /  
Sgt 2 CHONG YUN CHANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/01/2019 14:55

Officer In Charge Of Case:  
TP / HRT /  
SI ABDUL KAREEM BIN ABDUL HAGUE  
Contact No.: 65476079 •

Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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