

## 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	25/02/2019 18:34
Date Of Accident	20/02/2019 14:45
Exact Location Of Accident	BLK 1 CHANGI VILLAGE RD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7683C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONE2RENT CARS PTE LTD
Co Reg No	201306179N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT ABS AIRBAG 2WD 6DR E5 W/RC
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5079227496-02
Cover Note Number	

### Driver

Name of Driver	SHARIM BIN MOHAMED SALLEH
NRIC No	S7135447D
Date Of Birth	08/10/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/04/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83727352
Fax Number	
Contact Number	OFFICE-83727352
Email Address	NOEMAIL

Address	BLK 2 MARSILING DRIVE #08-05
Postcode	730002
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 (including own vehicle) involved in the accident	2
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 KILLINEY ROAD , <b>POSTCODE:</b> 239572 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7359999 - <b>FAX NO:</b> 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20190220/2192.

#### 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 Witness 1

Name	
Phone Number	96755495
Email Address	

#### Details of Witness 2

Name	
Phone Number	96279868
Email Address	

#### Details of Witness 3

Name	
Phone Number	84269718

Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	YM2955S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

ACCIDENT 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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. 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:

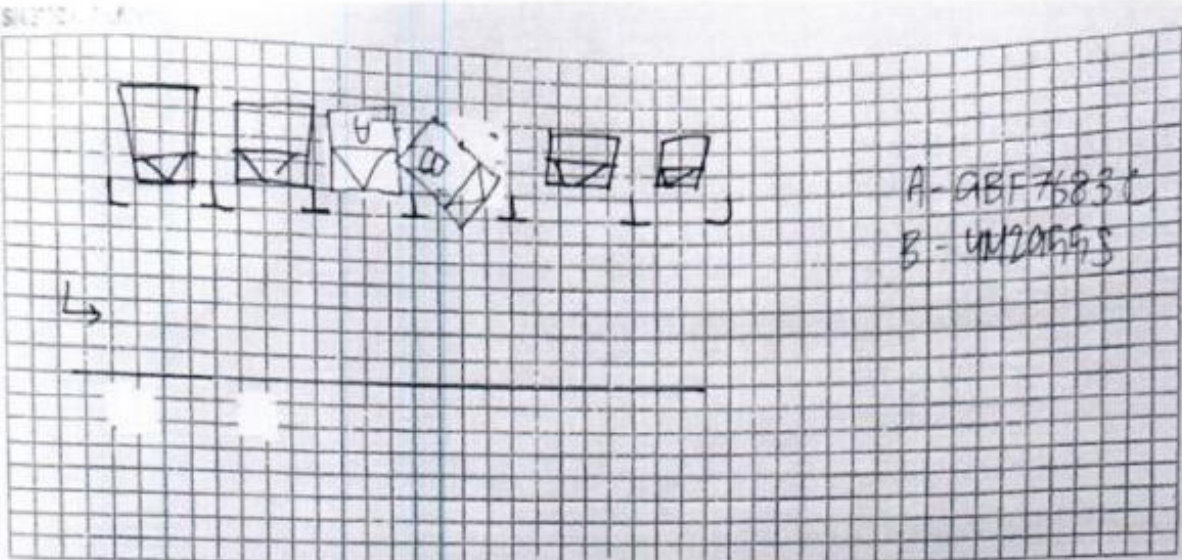
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

## DECLARATION

(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:  
NRUC/FIN No.:

GAARMC SketchPlanForm\_V3



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190220/2192

1 of 3

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

Report No. T/20190220/2192

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/02/2019 20:00		Vide Report No.:		Station/ Diary No. 151	
<b>Informant's Details</b>					
Name of Informant: SHARIM BIN MOHAMED SALLEH		Address: APT BLK 2 MARSILING DRIVE #08-05 SINGAPORE 730002			
ID Type /ID No.: NRIC NO / S7135447D		Contact No.: Home/Office: Mobile: 83727352			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 47	Date of Birth: 08/10/1971	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: import officer		Driving Licence Information: Class: 3 Date of Expiry:			

<b>General Information of the Accident</b>					
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 20/02/2019 14:45	Type of Location:		
Location: Along Road 1 CHANGI VILLAGE ROAD  blk 1-4, Open carpark					
Weather: Clear		Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: PARKED VEHICLE			Anyone conveyed by ambulance: No		

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
GBF7683C	Van				Slightly Damaged	0
YM2955S	Lorry				Slightly Damaged	0

## Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999



T/20190220/2192

2 of 3

Report No. T/20190220/2192

### CONTINUATION OF REPORT

#### Brief Details.

I am working as a import driver for speedmark transportation pte ltd.

On 20/2/19 at about 1445hrs, I parked my company van (GBF7683C) at the open carpark of Changi Village Road. I then went to buy food at the nearby hawker center. When I returned to the carpark at about 1510hrs, after purchasing food, I discovered a note from an unknown person informing me that he had witness a lorry hit my van and drove off. He also left his contact detail for me to contact him. I then contacted him, and he sent me a footage of the lorry hitting my company van and left. I am lodging this report as this van belong to my company and I am accountable for the damages. Witness 1 informed me that there are another 2 witness that saw the incident occurred. So far, I only contacted witness 1. There was no police attended to my scene, and I did not notice any government property damaged. That's all.

The contact detail of the witness is as follow:

Witness 1: 96755495

Witness 2: 96279888

Witness 3: 84269718



Police Report



**SINGAPORE  
POLICE FORCE**



T/20190220/2182

Police Station Of Origin:  
Orchard N.P.C  
51 Killiney Road SINGAPORE 239572  
Tel No: 1800-7359999

3 of 3  
Report No: T/20190220/2182

**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:  
E /  
Sgt 2 TAN HUI RU

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
20/02/2019 20:00

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt TAN JEOK LENG  
Contact No.: 65476144

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE



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



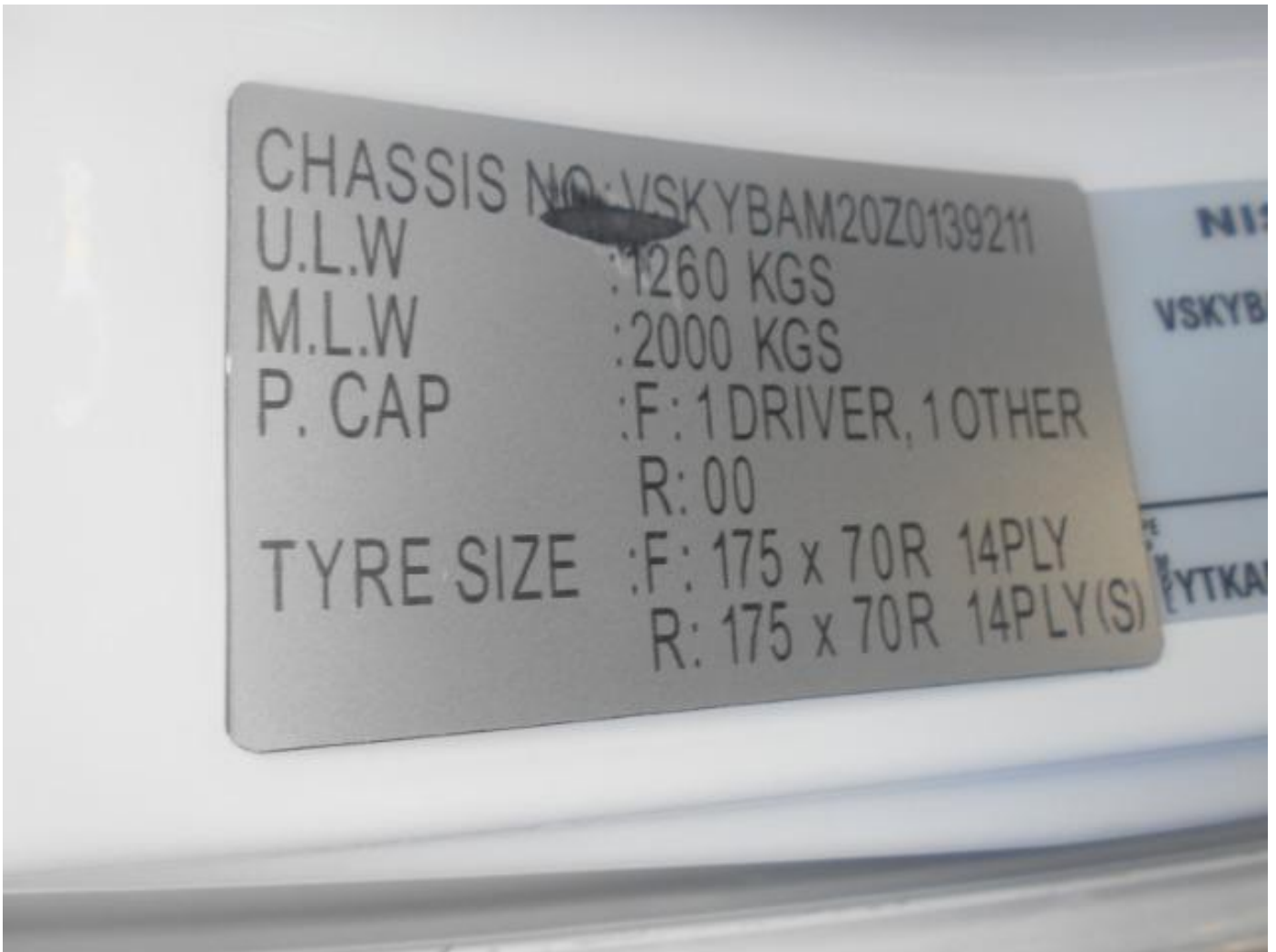


**Accident Photo**



**Accident Photo**





Accident Photo

