## Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 18/12/2018 18:12

# SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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	18/12/2018 18:04
Date Of Accident	16/12/2018 15:15
Exact Location Of Accident	OPEN CARPARK OF 418 TAMPINES ST 41
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS3454K
Insured/Policyholder	
Name Of Registered Owner	IRWAN BIN MANAP
NRIC No	S8115679D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98210604
Alternative Phone No	OFFICE-98210604
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	SP3
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 CAR
Insurance Company	
Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ18-005587
Cover Note Number	
Driver	
Name of Driver	IRWAN BIN MANAP
NRIC No	S8115679D
Date Of Birth	11/06/1981
Occupation	INDOOR
Date Of Driving Pass	19/06/2006
Driving Experience	12 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98210604
Fax Number	
Contact Number	OFFICE-98210604

NOEMAIL

Address

Postcode

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)

2

involved in the accident

NO

Was any body injured in the Accident? 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

YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Was there any audio recorded?

SLM4217E

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

Page 2 of 15

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### 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 misrapresentation 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. The report will be forwarded by the insurers of the GIA Records Wanagement Centre established by the General Insurers 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 of possessed by my losurer (collectively the "Personal information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this arcident (all insurers) who have insured vehicle(s) involved in this ecodent 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 purposels)
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) linvestigating 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 making of correspondence, statements, involces, reports or notices to the, 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
  - my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third pasty service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Pulpeses.
  - (d) my Personal information will also be collected and used to compile dalms history for the purpose of travol 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 never is not the policyholder) Date & Time:

Reporting Centre Personnel's Statute MOTO PIN WOLL

- Street States Charleson, VS

	<del></del>	ttitititititi
<del>+++++++++</del>		
	1111111111	
4444		
		BUILDING
	413 tarpes street	411
The state of the s	410 (47)	It is the boundary of the second
CRIBE CIRCUMSTANCES OF THE	ACCIDENT	
attacher Police	c Report	
DECLARATION		
DECLARATION  I/We deciare the foregoing particula		
DECLARATION I/We declare the foregoing particular		
DECLARATION  If We declare the foregoing particula	irs are true in gvery respect.	Reporting Centre Personnel's Signature
I/We declare the foregoing particula	irs are true in gvery respect.	Reporting Censre-Personnel's Signature Name:
DECLARATION  I/We declare the foregoing particula  Policyholder's Signature  Date & Time:	irs are true in gvery respect.	Reporting Centre Personnel's Signal Name: NRIC/FIN No.:





Police Station Of Origin: Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

1 of 3 Report No. T/20181218/2086

REPORT O	FATRAFFIC	ACCIDENT		15: 0 5: 1	
	Date/Time Report Made: 18/12/2018 15:00		Vide Report No.:	Station Diary No. 65	
Informa	nt's Particu	ilars			
	Informant: BIN MANAF	•	Address: APT BLK 836 YISHUN STREI 760836	ET 81 #03-362 SINGAPORE	
ID Type / ID No.: NRIC NO / S8115679D		79D	Contact No.: Home/Office:		
National SINGAP	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 11/06/1981	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: ENGINEERING SP ECIALIST		ECIALIST	Driving Licence Information: Class: 2B,3	Date of Expiry:	
	LITOITIEE THIS OF LOW LOW				

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/12/2018 15:15	Type of Location	
Location: Along Road 1 TAMPINES S	STREET 41	Street 41			
Open Carpark of Blk 418 Tampines Street Weather:		Road Surface:	R	Road Speed Limit.	
Traffic Flow:		Traffic Control:	T	Traffic Volume:	
Traffic Flow:		frame control			

Details of V Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
SJS3454K	Car	MITSUBISHI	LANCER 1.6 CVT SPORTS GLX AIRBAG 2WD 4DR	White	Slightly Damaged	0
SLM4217E	Car					0





2 of 3

Report No. T/20181218/2086

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	- Insurance No	Effective	Expiry Date
SJS3454K	EQ INSURANCE COMPANY LTD.	DMPPHQ18- 005587	12/08/2018	11/08/2019

### Brief Details.

On 16/12/2018 at around 1430hrs, I had parked my vehicle, 01 white Mistsubishi Lancer bearing registration number SJS3454K at the open car park near block 418 Tampines Street 41. On the same day at around 1530hrs, I went back to my vehicle and realized that there were dents and scratches on my front right bumper. I had dropped a note on 01 of the vehicle which was parked in front of my vehicle to request for the in car CCTV footage.

On 19/12/2018 I received a footage from the driver (contact number 94767793) which was parked in front of my vehicle. The footage shows that on 16/12/2018 at 1515hrs, 01 black in colour 'Mercedez' bearing registration number SLM4217E had hit onto my front right bumper when she was about to drove off from the car park lot. The vehicle was initially parked beside my vehicle on the left. After hitting my vehicle, the driver (01 female believed to be Chinese wearing light blue top and bottom) alighted and only checked on her vehicle. She did not even leave any note on my vehicle or checked the damages on my vehicle.

I am not sure on the value of the damages as I have yet to send my vehicle to the workshop. I am able to provide the footage to the TP IO if needed. The footage was sent to me via 'Whatsapp' messenger.





T/20181218/2086

3 of 3 Report No. T/20181218/2086

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

### Sketch Plan

NP168

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: L / Sgt 2 MUHAMMAD HAFIZH BIN HAMZAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/12/2018 15:00
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case: