

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	11/03/2019 20:19
Date Of Accident	08/03/2019 06:15
Exact Location Of Accident	MSCP BLK 693 WOODLANDS AVENUE 6 DECK 3 LOT 80
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7752E
Insured/Policyholder	
Name Of Registered Owner	NAIM BIN KAMIS
NRIC No	S1449908C
Email Address	NAIMKAMIS1960@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91200054
Alternative Phone No	OTHERS-91200054

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107762984
Cover Note Number	

Driver

Name of Driver	NAIM BIN KAMIS
NRIC No	S1449908C
Date Of Birth	16/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	23/10/1978
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91200054
Fax Number	
Contact Number	OTHERS-91200054
Email Address	NAIMKAMIS1960@GMAIL.COM

Address	BLK 693D WOODLANDS AVENUE 6 #05-845
Postcode	734693
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	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190309/2010

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	SJZ5091Z
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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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

SKETCH PLAN



Front Bumper damaged.
was hit & run

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: PLS Refhr to Police Report 11/03/2019

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**



T/20190309/2010

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Report No. T/20190309/2010

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2019 02:51		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: NAIM BIN KAMIS			Address: APT BLK 693D WOODLANDS AVENUE 6 #05-845 SINGAPORE 734693		
ID Type / ID No.: NRIC NO / S1449908C			Contact No.: Home/Office: Mobile: 91200054		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 16/11/1960	Type of Informant: Vehicle Owner		
Race: Javanese			Language:		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: Date of Expiry:		

General information of the Accident					
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/03/2019 06:15	Type of Location: Car Park	
Location: Along Road 1 WOODLANDS AVENUE 6					
Multi storey carpark of Blk 693 Woodlands Ave 6, Deck 3 lot 80.					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJM7752E		HONDA	FIT	White		0
SMD5703Y		SUBARU		Black		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190309/2010

CONTINUATION OF REPORT

Vehicle Owner				
Name	NAIM BIN KAMIS		ID No.	S1449908C
Related Vehicle	SJM7752E		Contact No.	91200054
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 07/03/2019 at 2320hrs, I last parked white Honda Fit car bearing registration SJM7752E at lot 80 of Blk 693 Woodlands Ave 6 Deck 3, multi storey carpark. Everything was last seen intact.

On 08/03/2019 at about 0615hrs, when I went to retrieve my car, I discovered damages at the front bumper. Looking at the damages, it could only be caused by other vehicle hitting into my car. I further discovered that a black Subaru bearing registration SMD5703Y parked beside me at lot 79 also had damages at the front bumper however his damages were more serious as a portion of the left side bumper came off. I observed that there is an in-car camera in his vehicle which seemed to be in recording mode. I did not call for Police as I was in hurry. There is in-car camera in my car however it is not in recording mode when parked. I had no suspect in mind.

POLICE REPORT



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POLICE FORCE**



T/20190309/2010

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190309/2010

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:
L/
Sr Staff Sgt NUR FARHANA BINTE MOHAMAD
NASIR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
09/03/2019 02:51

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

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048550
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500200 / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMAY19032853 Vehicle Registration No: SSM 7752 E
 Name (as shown in NRIC): Naim Bin Kamis NRIC/FIN/Passport No: S1449908/C
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 693D #05-845 Woodland Ave 6 Singapore 734698
 Contact (Tel): _____ Mobile No.: 91200054
 Email Address: Naimkamis1960@gmail.com
 Date of Accident: 8-3-2019 Time of Accident: 06.15 hrs.
 Place of Accident: woodlands Ave 6. Blk 693 carpark Deck 3 lot 80
 Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure T/P Valtica number SJ250912

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Rosa L. Loo
 NRIC/FIN No.: _____
 Date: 17/06/2019