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 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.
- 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	18/03/2019 14:51		
Date Of Accident	16/03/2019 15:20		
Exact Location Of Accident	JURONG POLICE DIVISIONAL HQ (S) 649482		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKB5676B		
Insured/Policyholder			
Name Of Registered Owner	MUHAMMAD HIZAM BIN KAMIS		
NRIC No	S8827211J		
Email Address	HIZAM.KAMIS@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-93822410		

HOME-63683274

Alternative Phone No Vehicle Particulars

Manufacturer KIA

Model CERATO EX FORTE 1.6L 6A/T ABS AB 2WD 4DR

Exact Purpose for which vehicle was being used at time of accident

GOING FOR AN APPOINTMENT

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5108155134

Cover Note Number

Driver

Name of Driver MUHAMMAD HIZAM BIN KAMIS

NRIC No S8827211J Date Of Birth 01/08/1988 Occupation **INDOOR** Date Of Driving Pass 18/03/2008

Driving Experience 10 YEARS AND 11 MONTHS

Gender MALE

(LOCAL) +65-93822410 Mobile Number

Fax Number

Contact Number HOME-63683274

EMail Address HIZAM.KAMIS@GMAIL.COM Address

BLK 345 WOODLANDS STREET 32 #05-206

Postcode

730345

Marine II

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

0.55 0.55

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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)

1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

NANYANG N.P.C

Police Station Address

ROAD: 2 JURONG WEST AVE 5, POSTCODE: 649482, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-7929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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

QX643S

Vehicle Make/Model/Colour

TOYOTA / COROLLA / ALTIS

Details Of Properties

Vehicle Category

GOVERNMENT

Name of Driver

DANIEL WONG JUN WEI

NRIC/Passport Number

S9443166B

Contact Number

90294624

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT BUMPER DAMAGED AND FALLEN OFF

Sketch Plan

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.
- 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. 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.
- By the ledgment 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:

- 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)
 - (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
- 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: (8/03/2019 1515/r5

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Joelle Tan Marriek

NRIC/FIN NO.: AMK AUTOPOINT

18.03.2019

SKETCH PLAN
Parallel Rething Lot:
Read Mortages -> PMy car -> My car
Police vehicle
Parallel Parking My car Stationary and subjerty Lot Swerra into my lane
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 16/03/2019 around 1520 hrs, I just started and wort into my car (Kira Cerato Forte Ecz) at the artic
parking of army Blice Division. The surface parking had a tow-away road and I drave out from parking lot towards the left lane comment direction land.
I saw a police vehicle (QX 6835) which was parked stationary at the opposing lane. I proceeded to date you are in the last as it was not add at you and the star which was till
to drive my car in my lane as it was my right of way (and the Palae vehicle was still stationary). Just as I was passing by the Police Vehicle, the Police Vehicle soulderly swerve
into my lane and hit the right side of my rear wheel. I did not recall the Police visite giving
the season of crowds and their
t-stopped my car to make a check and found his
After experiencing the impact, I stopped my vehicle to assess the situation. The near bumper
After experiencing the impact, I stopped my vehicle to assess the situation. The near bumper of my car was damaged and hall dapped off. There also were also sorably and fait marks made by by the Palice vehicle near the near wheel side of my car. The Palice Vehicle's front bumper was
by the Palice vehicle mear the Hear wheel side of my car. The Police Valide's front bumper was
also damaged and had dropped off.
I exchanged my particulars with the driver of the Police Vehicle. There were no injuries

DECLARATION

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

M

Policyholder's Signature Date & Time: 18/03/2017

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature
Name: JOELE TAN
NRSC/FIN No.: AMK AUTOPOINT PTE UD
18.03. 2019

STARRE Skirstellerform U





10/2

Report No. J/20190316/2062

POLICE REPORT (NP299)

Police Station Of Origin Nanyang N.P.C 2 Jurong West Avenue 5 SINGAPORE 649482 Tel No: 1800-7929999

Date/Time Report Made 16/03/2019 16:16	Vide Report No.		Station Diary No.	
Name Of Informant	Address			
MUHAMMAD HIZAM BIN KAMIS	APT BLK 345 WOODLANDS STREET 32 SINGAPORE 730345			T 32 #05-206
ID Type / ID No. NRIC NO / S8827211J	Contact No. Home/Office		Mobile 93822410	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
SENIOR PROPOSAL SPECIALIST	Male	30	01/08/1988	Boyanese
Institution/School Name	Language			
Date/Time Of Incident 16/03/2019 15:20	Location Of Incident 2 JURONG WEST AVENUE 5 JURONG POLICE DIVISIONAL HQ* SINGAPORE 649482 Outside of level 1 lobby			

Brief details.

On 16/03/2019 around 1520 hours. I was in my Car, black color Kia Cerato Forte EX. I was driving out from Jurong Police Division when I felt a bump in the right side of my rear wheel. I stopped my car and made a check and realized that a Police Car, number plate: QX643S had hit my car. I would like to verify that there was no injuries. My car back bumper was damaged and dropped off. The police car front bumper was also damaged and dropped off.

Signature Of Officer Recording The Report:		Signature Of Informant:	
J/Sgl 2 AMRITPAL SINGH SANDHU		Nin	
Signature Of Interpreter: Not applicable		Date/Time: 16/03/2019 16:16	
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SI GUK HWEE KIAN Contact No.		Classification Of Case:	
Authentication Stamp			

SN 127





2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190316/2062

I am lodging this report for insurance claim.

Signature Of Officer Recording The Report:

J / Sgt 2 AMRITPAL SINGH SANDHU

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SI GUK HWEE KIAN Contact No.:

Authentication Stamp

other Marie Marie

Signature Of Informant

Date/Time: 16/03/2019 16:16

Classification Of Case: