

## 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	03/04/2019 16:48
Date Of Accident	30/03/2019 00:50
Exact Location Of Accident	SELEGIE ROAD TOWARDS FORT CANNING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH8985P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAPHAD SERVICES
Co Reg No	53287997W
Email Address	SAPHADSERVICES@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91448584
Alternative Phone No	OFFICE-91448584

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.8 D (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	NO
Policy Number	5105034834
Cover Note Number	

### Driver

Name of Driver	SAPARI BIN SALIA
NRIC No	S1561258D
Date Of Birth	20/07/1962
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1987
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91448584
Fax Number	
Contact Number	OTHERS-91448584
Email Address	SAPHADSERVICES@GMAIL.COM

Address	BLK 1 HOLLAND CLOSE #05-131
Postcode	271001
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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)	2
Passenger 1	NAME: : HADHIRAH BTE ISNAN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190330/2066

#### 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	UNKNOWN
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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#### 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.



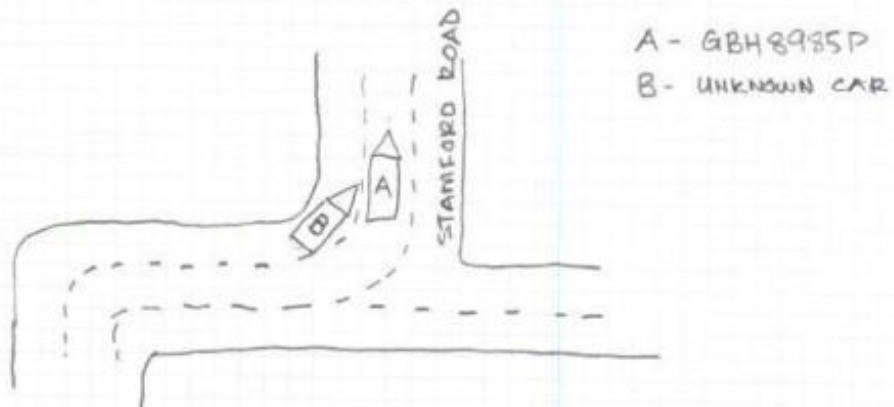
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT  
T/20/90330/2066

### DECLARATION

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

Policyholder's  
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/20190330/2066

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190330/2066

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/03/2019 13:28		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SAPARI BIN SALIA			Address: APT BLK 1 HOLLAND CLOSE #05-131 SINGAPORE 271001		
ID Type / ID No.: NRIC NO / S1561258D			Contact No.: Home/Office: Mobile: 91448584		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 20/07/1962	Type of Informant: Driver		
Race: Malay			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: 30/03/2019 00:50	Type of Location:
Location: Along Road 1 STAMFORD ROAD  TOWARDS FORTCANNING - SELIGI RD				
Weather: Clear		Road Surface: Dry	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
GBH8985P	Van	TOYOTA	HIACE DX 2.8 AUTO		Seriously Damaged	1

## Details of Person Involved

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190330/2066

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20190330/2066

## CONTINUATION OF REPORT

Driver			
Name	SAPARI BIN SALIA	ID No.	S1561258D
Related Vehicle	GBH8985P (Van)	Contact No.	91448584
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 STATED TIME, DATE AND LOCATION,  
I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MIDDLE LANE OF THREE LANES. OUT OF A SUDDEN, CORNER OF THE JUNCTION, I WAS HIT BY A WHITE CAR ON THE LEFT PORTION OF MY VEHICLE. SO I STOPPED MY VEHICLE. THE DRIVER ALMOST HIT ONTO THE LEFT DIVIDER AND MANAGED TO CONTROL HIS VEHICLE. THE WHITE CAR DROVE OFF AND BEATING THE RED LIGHT WITHOUT STOPPING. MY CONCERN FROM MAKING THIS REPORT IF TRAFFIC POLICE OFFICER CAN HELP TO INVESTIGATE OF THIS WHITE VEHICLE.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190330/2066

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Report No. T/20190330/2066

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:  
TP /  
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:  
Not applicable

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

Authentication Stamp  
NP168

Signature Of Informant:

*[Handwritten Signature]*

Date/Time:  
30/03/2019 13:28

Classification Of Case:



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

