

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	23/04/2019 14:53
Date Of Accident	23/04/2019 09:45
Exact Location Of Accident	PASIR RIS DRIVE 6 MSCP BLK 441A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8307P
Insured/Policyholder	
Name Of Registered Owner	SYED ALI BIN SYED HUSSIN
NRIC No	S7114365A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96329200
Alternative Phone No	OTHERS-96329200

Vehicle Particulars

Manufacturer	PROTON
Model	EXORA 1.6
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106766915
Cover Note Number	02/01/2019-01/01/2020

Driver

Name of Driver	SYED ALI BIN SYED HUSSIN
NRIC No	S7114365A
Date Of Birth	27/04/1971
Occupation	INDOOR
Date Of Driving Pass	26/05/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96329200
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 129 PASIR RIS STREET 11 #02-315
Postcode	510129
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	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: : SYIFAK BINTE NASIR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT G/20190423/7018

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW1857L
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)

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:

23/04/2019
3:18 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

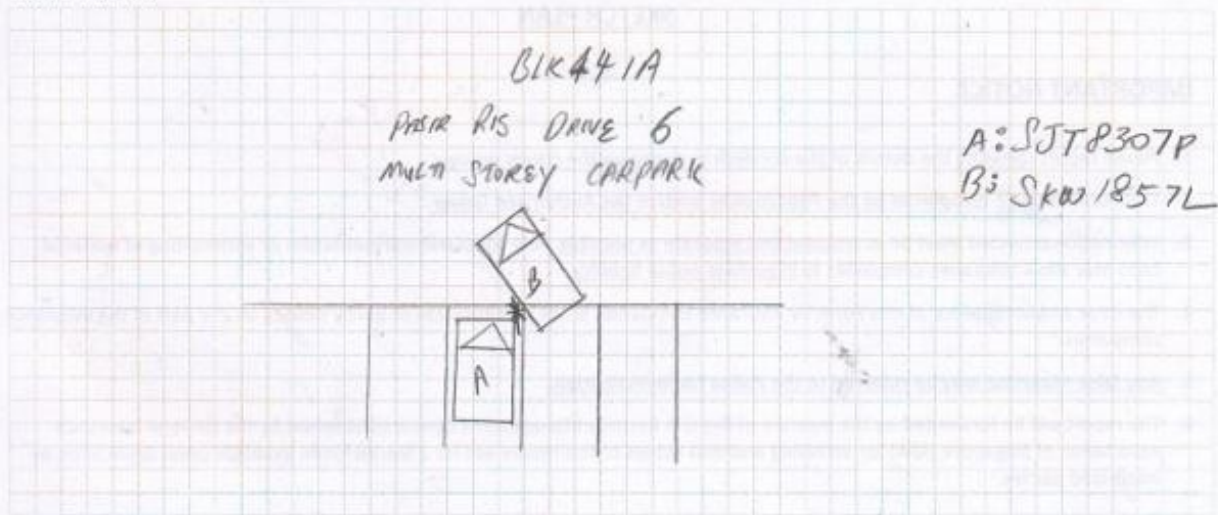
Name:

NRIC/FIN No.:

HOCK WAH MOTOR WORKSHOP PTE LTD
Blk 923 Tampines St. 93, #01-204
Singapore 520923
Tel: 6785 4933 (2Lines) Fax: 6785 3933

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GIA REPORT

DECLARATION

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

Policyholder's Signature

Date & Time: 23/04/2019

NAME: Sketching 3:18 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

HOCK WAH MOTOR WORKSHOP PTE LTD
 Blk 9006 Tampines St. 93, #01-204
 Singapore 115107
 Tel: 6785 3933 (Lines) Fax: 6788 3933

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT 1



**SINGAPORE
POLICE FORCE**



G/20190423/7018

1 of 2

POLICE REPORT (NP299)

Report No. G/20190423/7018

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 23/04/2019 12:46	Vide Report No.	Station Diary No.
Name Of Informant SYED ALI BIN SYED HUSSIN	Address APT BLK 129 PASIR RIS STREET 11 #02-315 SINGAPORE 510129	
ID Type / ID No. NRIC NO / S7114365A	Contact No. Home/Office: Mobile: 96329200	
Nationality SINGAPORE CITIZEN	Email Address dmaidagency@gmail.com	
Occupation Employment agent/Labour contractor	Sex Male	Age 47
Institution/School Name	Date of Birth 27/04/1971	Race Arab
Date/Time Of Incident 23/04/2019 09:45 - 23/04/2019 09:50	Location Of Incident 441A PASIR RIS DRIVE 6 #03-106 SINGAPORE 511441	

Brief details.

SKW1857L hit my right side bumper while exiting the parking lot on my right and caused damages to my car bumper. The driver left the scene.

We have credible video footages to proof his irresponsible acts.

Subjects Involved	
Suspect	
Person Name	Unknown
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/04/2019 12:46
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT 2



**SINGAPORE
POLICE FORCE**



G/20190423/7018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190423/7018

Gender	Male	Age	30-40
Race	Chinese		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

23/04/2019 12:46

Classification Of Case:

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 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / 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 : MHW119052550-01 Vehicle Registration No: 55T8307P
 Name (as shown in NRIC) : SYED ALI BN SYED HUSSIN NRIC/FIN/Passport No : 57114365A
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BK 129 PASIR RIS ST 11 #02-315 Singapore (520139)
 Contact (Tel) : 9632 9200 Mobile No.: 9632 9200
 Email Address : _____
 Date of Accident : 23/04/19 Time of Accident : 18:09:45
 Place of Accident : PASIR RIS DRIVE 6 MSCF BUK 441A
 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:

ADDED POLICE REPORT

Policyholder / Driver's Signature

Date: 23/04/2019

3:38 pm

Reporting Centre Personnel's Signature

Name:
 NRIC/FIN No.:
 Date: