Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 23/05/2019 09:54

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	14/05/2019 11:50
Date Of Accident	29/04/2019 22:00
Exact Location Of Accident	BLK 500A PASIR RIS ST 52 MULTISTORY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD7504D
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHMAN BIN TUBI
NRIC No	S0044254B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96751044
Alternative Phone No	OFFICE-96751044
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5081682069-02
Cover Note Number	
Driver	
Name of Driver	MOHAMAD RAFIZAL BIN MESARI
NRIC No	S8915705F
Date Of Birth	14/05/1989
Occupation	INDOOR
Date Of Driving Pass	04/05/2012
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91131467
Fax Number	
Contact Number	OFFICE-91131467
EMail Address	NOEMAIL

Address	BLK 508 PASIR RIS STREET 52 #03-171
Postcode	510508
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 1 PASIR RIS DRIVE 4 , **POSTCODE:** 519457 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-5852999 - **FAX NO**: 65855261
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - G/20190513/2168.

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	SLN6777L
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) 2

Passenger 1

NAME: :

GENDER: :

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 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.
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:

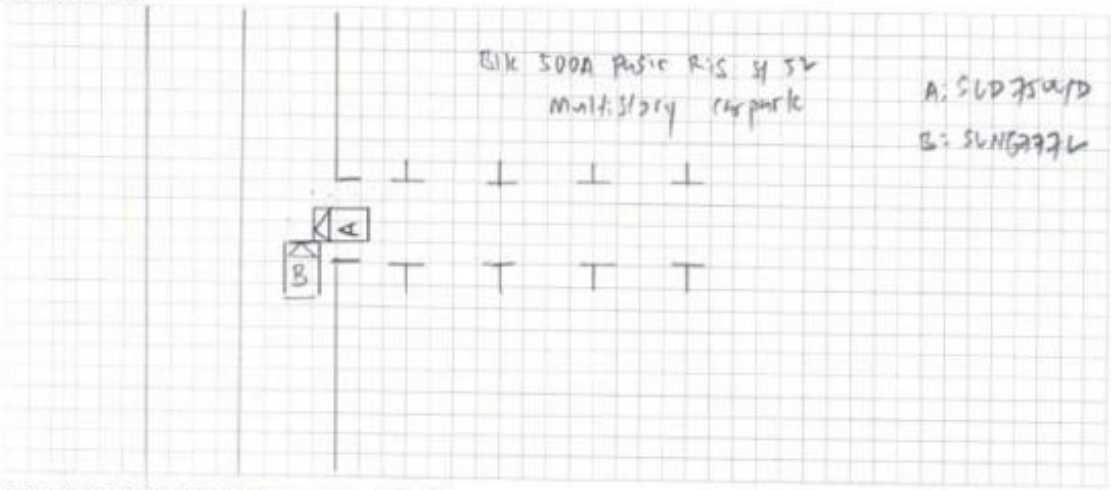
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 6/2019 0513/2168.

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.:

SINGAPORE POLICE FORCE

G/20190513/2168

POLICE REPORT (NP299)

Report No. G/20190513/2168

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Date/Time Report Made	Vide Report No.	Station Diary No.
13/05/2019 21:40		138

Name Of Informant	Address
MOHAMAD RAFIZAL BIN MESARI	APT BLK 508 PASIR RIS STREET 52 #03-171 SINGAPORE 510508
ID Type / ID No. NRIC NO / S8915705F	Contact No. Home/Office / Mobile 91131467
Nationality SINGAPORE CITIZEN	Email Address

Occupation	Sex	Age	Date of Birth	Race
ICA OFFICER	Male	29	14/05/1989	Javanese

Institution/School Name	Language

Date/Time Of Incident	Location Of Incident
29/04/2019 22:00	500A PASIR RIS STREET 52 MULTI STOREY CAR PARK SINGAPORE 511500

Brief details.

On 29/04/19 at about 2200hrs, I was driving my family vehicle bearing the plate number SLD7504D. As I reached my house Multi-Story Car Park Deck 4A, I found a parking lot. As I was about to reversed into the lot, a vehicle bearing the plate number SLN6777L was moving forward in a fast speed and the front right bumper of SLN6777L hit onto the left front bumper of my vehicle. I would like to state that when SLN6777L hit onto my vehicle, my vehicle was stationary and SLN6777L did not exercise any care hence collided onto my vehicle. To my knowledge, SLN6777L was driving towards the exit of the deck. Both

Signature Of Officer Recording The Report:	Signature Of Informant:
G / Sgt 2 JEREMY CHUNG	Rfizl
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2019 21:40
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt TANG REHAN BIN ISKANDAR TANG Contact No.: 62447200	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

G/20190513/2168

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. G/20190513/2168

driver then got out of the vehicle and we decided to let the matter off. We agreed verbally stating that we would not lodge any insurance claim or police report. Hence, I did not exchange particulars with the driver of SLN6777L and we did not take any photos of the accident.

However, on 13/05/19 I received a letter from my insurance company stating that SLN6777L file an insurance claim against me for the accident on 29/04/19. I then contacted my insurance company and I was told to lodge a police report regarding the matter.

Signature Of Officer Recording The Report: G / Sgt 2 JEREMY CHUNG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/05/2019 21:40
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt TANG REHAN BIN ISKANDAR TANG Contact No.: 62447200	Classification Of Case:

Authentication Stamp

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

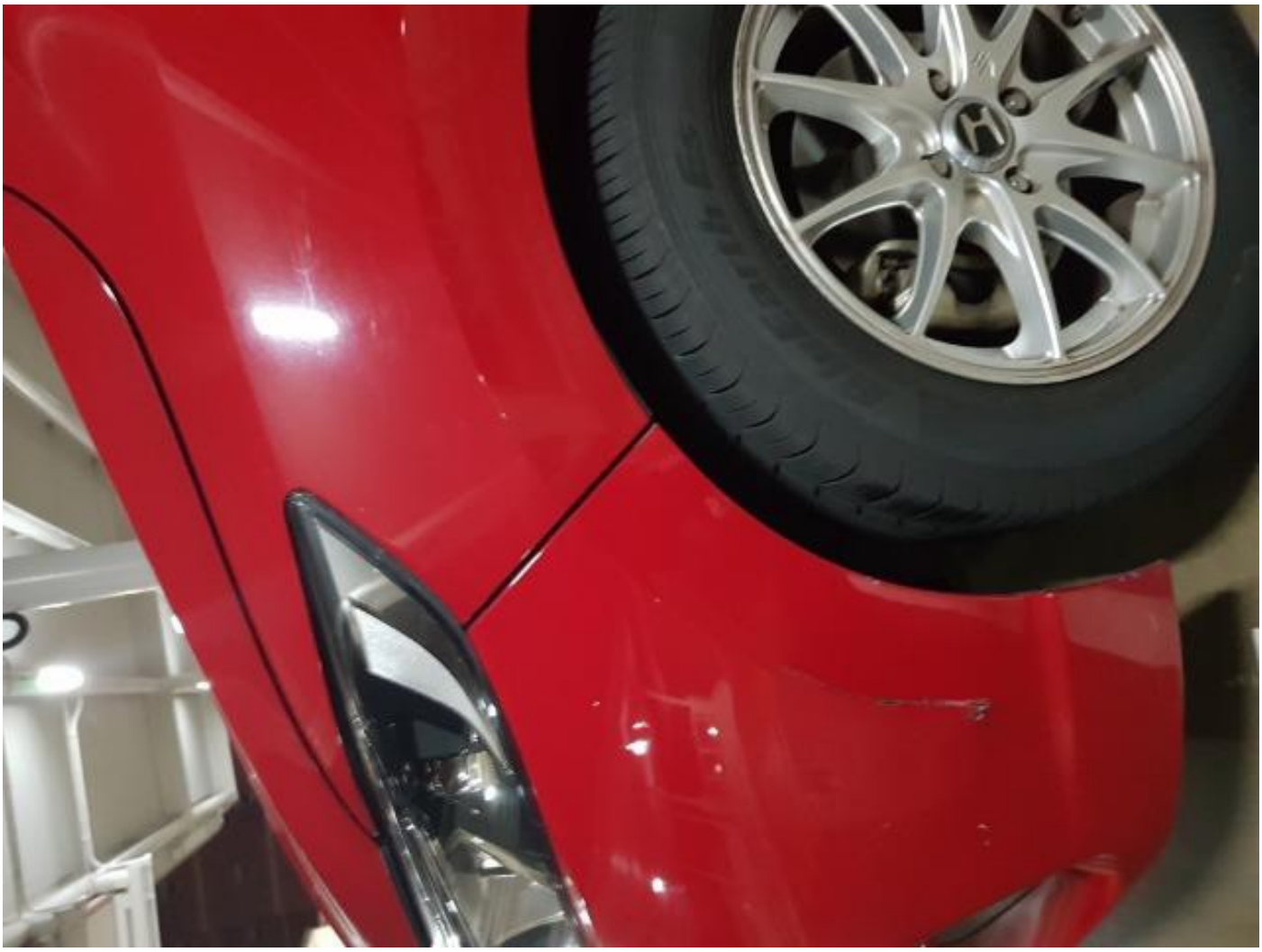
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / 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 : MNA119062478 Vehicle Registration No: SLD7504D

Name(as shown in NRIC) : ABDUL RAHMAN BIN TUBI NRIC/FIN/Passport No : S0044254B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 96751044

Email Address : _____

Date of Accident : 29/04/2019 Time of Accident : 22:00

Place of Accident : BLK 500A PASIR RIS ST 52 MULTISTORY CARPARK

Insurance Company : NTUC Income Insurance Co-operative Ltd

(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:

Amend policy number

Policyholder / Driver's Signature
Date:

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