

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	15/05/2019 14:40
Date Of Accident	13/05/2019 16:50
Exact Location Of Accident	CARPARK AT BLK 441A PASIR RIS DR 6 DECK 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6478A
Insured/Policyholder	
Name Of Registered Owner	ASWADI BIN ANI
NRIC No	S1579416Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96602427
Alternative Phone No	OTHERS-96602427

Vehicle Particulars

Manufacturer	SUZUKI
Model	FL125FSD
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5093403541-01
Cover Note Number	

Driver

Name of Driver	ASWADI BIN ANI
NRIC No	S1579416Z
Date Of Birth	03/11/1963
Occupation	INDOOR
Date Of Driving Pass	23/04/1985
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96602427
Fax Number	
Contact Number	OTHERS-96602427
Email Address	NOEMAIL

Address	BLK 720 PASIR RIS STREET 72 #04-105
Postcode	510720
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	COLLIDED INTO PARKED VEHICLE
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)	0

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : G/20190513/7052

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	SHA2933U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEH CHIN CHAI
NRIC/Passport Number	
Contact Number	97860206
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


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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.

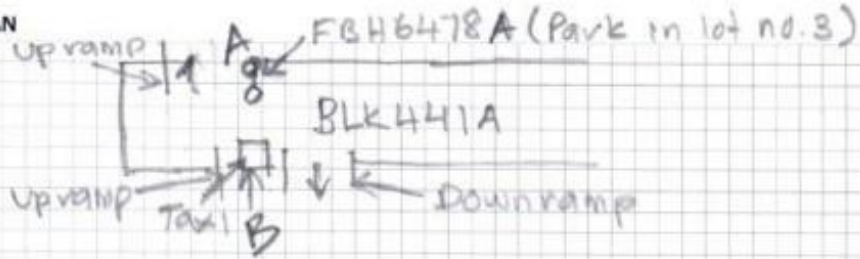

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



Carpark at BLK 441A
Pasir Ris Dr 6 deck 1A

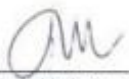
A - FBH6478A
B - SHA2933U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
6/20/2019 0513/7052

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.:

Q&A&C: Accident Investigation, V.3

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



G/20190513/7052

1 of 2

POLICE REPORT (NP299)

Report No. G/20190513/7052

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

Date/Time Report Made 13/05/2019 20:35	Vide Report No.	Station Diary No.
Name Of Informant ASWADI BIN ANI	Address APT BLK 720 PASIR RIS STREET 72 #04-105 SINGAPORE 510720	
ID Type / ID No. NRIC NO / S1579416Z	Contact No. Home/Office: Mobile: 96602427	
Nationality SINGAPORE CITIZEN	Email Address aswadia@hotmail.com	
Occupation HDB Carpark Section Head	Sex Male	Age 55
Institution/School Name	Date of Birth 03/11/1963	Race Malay
Date/Time Of Incident 13/05/2019 16:50	Location Of Incident APT BLK 720 PASIR RIS STREET 72 #04-105 SINGAPORE 510720	

Brief details.

I received a phone call from my colleague to come down to carpark at Bkj 441A Pasir Ris Dr 6 deck 1A where I park my bike no FBH 6478A. Immediate when I enter the carpark I saw my bike badly damaged. Another bike also badly damaged. A note was placed on the second bike to contact the driver responsible for the accident.

I contacted the person by the name of Mr Peh to enquire on the accident. He admitted that he is

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: 13/05/2019 20:35
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



G/20190513/7052

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190513/7052

responsible for the accident and informed me to call Comfort accident claim department to make the claim at Tel 621488730 . The taxi involved is SHA2933U.

I also was advised by NTUC Insurance claim department to make a Police Report to facilitate my claim against the taxi company. That's all.

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: 13/05/2019 20:35
Officer In-Charge Of Case:	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

