#### 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

<ol><li>By the lodgement of this report to the insurers, you hereby co aforesaid.</li></ol>	nsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	08/07/2019 17:54
Date Of Accident	06/07/2019 16:10
Exact Location Of Accident	ELIAS TERRACE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF9835L
Insured/Policyholder	
Name Of Registered Owner	NORYATE BTE ABDUL RAHMAN
NRIC No	S1494910J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98258855
Alternative Phone No	OFFICE-98258855
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO
Exact Purpose for which vehicle was being used a time of accident	at .
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** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 5099337920

Cover Note Number

**Driver** 

Name of Driver ANDRE BIN ADNAN LEE ABDULLAH

NRIC No S9139741B Date Of Birth 28/10/1991 Occupation INDOOR 20/03/2018 **Date Of Driving Pass** 

**Driving Experience** 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96697910

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address 7 ELIAS TERRACE

Postcode 5199771

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

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)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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: T/20190706/2147.

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 SLE4405X

Vehicle Make/Model/Colour

Details Of Properties
Vehicle Category

VEHICLE B
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 Pg. 1

#### **SKETCH PLAN**

## **IMPORTANT NOTICE**

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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

ہے :Date & Time

08/04/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 08 07 20

Reporting Centre Personnel's Signature Name:

wame:

NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

SKETCH PLAN		
		A ? SKF 9835L
		B; SLE 4405x
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
Refer to po	olice report	
DECLARATION		
/We declare the foregoing particulars	are true in every respect.	
pm	John.	
Policyholder's Signature Date & Time: 08/07/2019	Driver's Signature (If driver is not the policyholder) Date & Time:  ### 67 2019	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

## Sketch Plan #3 Pg. 1





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

1 of 3 Report No. T/20190706/2147

REPORT OF	A IRAFFIC.	ACCIDENT				
Date/Time Report Made: 06/07/2019 23:25			Vide Report No.:	Station Diary No.: 91		
Informant	's Particul	ars				
Name of Informant: ANDRE BIN ADNAN LEE ABDULLAH			Address: 7 ELIAS TERRACE SINGAPORE 519771			
ID Type / ID No.: NRIC NO / S9139741B			Contact No.: Home/Office:	Mobile: 96697917		
Nationality: SINGAPORE CITIZEN		N	Email:			
Sex: Male	Age: 27	Date of Birth: 28/10/1991	Type of Informant: Vehicle Owner		∺q	
Race: Chinese			Language:	Institution / School Name:		
Occupation: MARKETING MANAGER		GER	Driving Licence Information: Class: 3	Date of Expiry:		

General informati	ion of the Accident	t				
Type of Accident:	Non-Injury Hit and Run		Orink Orive: No	Date/Time of Accident: 06/07/2019 16:18	5	Type of Location: Straight Road
Location: Along Road 1 ELIAS TERRACE		:e				
Along the road outside 9 Elias Terrace  Weather: Road 9			d Surface:		Road Speed Limit:	
Clear		Dry				-
Traffic Flow:		Traffic Control:			Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Di			Direction			one conveyed by ulance:

Details of V	<u>ehicle invo</u>	lved	7			r
Vehicle No.	Туре	Make	Model	Color ·	Condition	No of Passenger
SKF9835L	Car	VOLKSWAGO N	SCIROCCO	Blue	·	0
SLE4405X	Car	HYUNDAI	ELENTRA			0

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

#### Sketch Plan #4 Pg. 1





2 of 3

Report No. T/20190706/2147

Police Station Of Origin: Pasir Ris N.P.C 1 Pasir Ris Drive 4 #01-01 SINGAPORE 519457

Tel No: 1800-5852999

CONTINUATION OF REPORT

Vehicle Owner						
Name	ANDRE BIN ADNAN LEE ABDULLAH		LAH ID No.		\$9139741B	
Related Vehicle	SKF9835L (Car)	-		Conta	ct No.	96697917
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

#### Brief Details.

On 06/07/2019 at about 1612hrs, my neighbor, Leo Adriel, rang my doorbell and informed me that he had just witnessed a hit-and-run accident that occurred involving my mother's vehicle (Blue Volkswagen Scirocco bearing license plate SKF9835L) and another vehicle (Hyundai Elentra bearing license plate SLE4405X). My mother's vehicle was parked along the road outside 9 Elias Terrace at the time of the accident. Leo informed me that the Hyundai Elentra's left side mirror had hit onto the right side mirror of my stationary vehicle. Leo informed me that after the Hyundai Elentra hit onto the right side mirror of my vehicle, she stopped her vehicle immediately and looked back at my vehicle. She then drove off when she noticed that there was nobody around. The Hyundai Elentra driver did not leave her contact details or alight from her vehicle. The accident caused the right side mirror housing to be damaged. There are no other damages to my vehicle and nobody was injured.

I walked around the neighborhood but did not spot the Hyundai Elentra. My vehicle has an in-vehicle camera installed but it was not recording at the time of the accident. Leo had agreed to be a witness to the hit-and-run accident.

## Sketch Plan #5 Pg. 1





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

3 of 3 Report No. T/20190706/2147

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: G / Sgt 3 CHAN XIANG DA	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2019 23:25
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Sr Staff Sgt TAN JEOK LENG	
Contact No.: 65476144	
Authentication Stamp NP168	

## Sketch Plan #6 Pg. 1

. I LED ADRIEL

S. 9315534C

witnessed an accident that occured on the 06/07/2019 at approximately 4.12 P.M. A female driver driving a Hyundai Blantra 1.6L SLE4405X collided her venicle with a stationary vehicle, a volkswagen Schrocio 1.4 SKF9835L. The side mirror collided with the stationary vehicle's side mirror resulting in some damage. It happened along the Elias Terrace Road opposite of house 9 Elias Terrace. I noticed that SLE 4405 X came to a complete stop when her venicle collided with the Stationary renicle SKF9836L but she did not leave her particulars and decided to drive off knowingly of the damage that has resulted in. I have witness to this incident and this statement is true.

Name: LEO APRIEL

1 C: <u>89315534C</u>

HP: 81189294

Atr 06/07/2019. July 06/07/2019 signature of witness

A: SKF9835L How the accident occured B: SLE 4405X , Road snoulder

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1494910J

Name



## NORYATE BTE ABDUL RAHMAN

نورياتي بنت عبدالرحمن

MALAY

Date of Birth

07-04-1961

Country of Birth

SINGAPORE



1440629





NRIC No. S1494910J



**Blood Group** 

Date of issue

18-11-1993

**7 ELIAS TERRACE** SINGAPORE 519771

NRIC No: \$1494910J

Date: 26/06/2014

## Accident Sketch Plan Pg. 1



















