### 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 <u>truthful and accurate</u> 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

aforesaid.	, , , , , , , , , , , , , , , , , , , ,
	ACCIDENT STATEMENT
Date Of Report	13/07/2019 17:03
Date Of Accident	13/07/2019 05:50
Exact Location Of Accident	BLK 44 SIMS DRIVE OPEN CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PA8536Z
Insured/Policyholder	
Name Of Registered Owner	JMJ TRANSPORT SERVICES
Co Reg No	53221303C
Email Address	ARIFFI402_APEK@LIVE.COM
Mobile Phone No	(LOCAL) +65-90061353
Alternative Phone No	OFFICE-90061353
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	5102481028
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ARIFF BIN HAMIS
NRIC No	S8617634C

NRIC No S8617634C

Date Of Birth 02/06/1986

Occupation OUTDOOR

Date Of Driving Pass 05/05/2009

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90061353

Fax Number

Contact Number OTHERS-90061353

EMail Address ARIFFI402 APEK@LIVE.COM

**BLK 44 SIMS DRIVE** Address

#03-169

Postcode 380044

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO

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)

0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name **EUNOS NEIGHBOURHOOD POLICE POST** 

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: Police Station Address

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

PLEASE REFER TO POLICE REPORT T/20190713/2102

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number UNKNOWN Vehicle Make/Model/Colour LORRY

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

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

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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)
  - 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 Perso

Name:

## **Accident Sketch Plan**

	MKNOWN	In	WHE	PARTED
DESCRIBE CIRCUMSTAN				
				MPOPA
		P	1 NO)	
	RECON	12012011	5\	
ECLARATION  Ve decident McFerengoing po	articulars are true in every	respect.		
dicyholder signature	Driver's Signatur (If driver is not t		Reporting Co	13/01/2019

## **POLICE REPORT**





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 1 of 3 Report No. T/20190713/2102

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2019 16:38		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		OF STREET, STR	
Name of Informant: MUHAMMAD ARIFF BIN HAMIS			Address: APT BLK 44 SIMS DRIVE #03-169 SINGAPORE 380044		
	Type / ID No.: RIC NO / S8617634C		Contact No.: Home/Office:	Mobile: 90061353	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 33	Date of Birth: 02/06/1986	Type of Informant: Vehicle Owner		
Race: Malay			Language: English	Institution / School Name:	
Occupation: SELF-EMPLOYED			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/07/2019 05:50	Type of Location Car Park	
Location: Along Road 1 SIMS DRIVE Blk 44 Sims I Weather;	rive open carpark	Road Surface:			
Clear Dry				Road Speed Limit:	
The Court of the C		Traffic Control:	7	Traffic Volume: No Traffic	
		Not Controlled			

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PA8536Z	Van				Slightly	0

Details of Person Involved	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

### POLICE REPORT





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

2 of 3 Report No. T/20190713/2102

## CONTINUATION OF REPORT

Vehicle Owner				AND DESCRIPTION	A DESCRIPTION	
Name	MUHAMMAD ARIFF BIN HAMIS		ID No.		S8617634C	
Related Vehicle	PA8536Z (Van)		Contact No.		90061353	
Hospital/Clinic	NIL			Class Drivin Licens Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Di		Date Disc	harne	NIL	
No. of Days granted Medical Leave NIL		NIL	Degree of Injury NIL			

### Brief Details.

On the 13/07/2019 at about 1100hrs, I went to my vehicle PA8536Z parked at Blk 44 Sims Drive open carpark, and discovered that there were some damages on my vehicle. The front left headlight and front vehicle cover was cracked, and there were also some scratches on the front left bumper.

I then retrieved the in-car camera footage and saw that on 13/07/2019 at 0551hrs, a grey coloured lorry had hit the front left portion of my vehicle while reversing. The vehicle then drove off. I was unable to see the registration plate number of the lorry due to the angle.

## **POLICE REPORT**





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 3 of 3 Report No. T/20190713/2102

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 LIM WEI SIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2019 16:38
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:

















