SINGAPORE ACCIDENT STATEMENT

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to
- 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

Date Of Report Date Of Accident Date Of Accident Date Of Accident Date Of Accident ANG MO KIO AVE 10 TOWARDS BISHAN SINCAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner Co Reg No Details Syround Noble Phone No Alternative Phone No OFFICE-80000000 Vehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at lime of accident to your vehicle? You or well-degroy Or repair to your vehicle? Toy OTA Welniele Category Vehicle Coverage ThiRD PARTY Vehicle Category Ve	SHESS PATTER TO SHESS PATTER TO SHESS	ACCIDENT STATEMENT
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Occupation	NRIC No	S7015343B
21/08/2009 riving Experience 9 YEARS AND 11 MONTHS ender MALE obile Number (LOCAL) +65-80000000 ax Number ontact Number	Date Of Birth	04/05/1970
riving Experience 9 YEARS AND 11 MONTHS ender MALE obile Number (LOCAL) +65-80000000 ax Number ontact Number	Occupation	OUTDOOR
ender MALE lobile Number (LOCAL) +65-80000000 ax Number ontact Number		21/08/2009
ender	Driving Experience	9 YEARS AND 11 MONTHS
ax Number ontact Number	Gender	
ax Number ontact Number	Mobile Number	(LOCAL) +65-80000000
Mail Add	Fax Number	
Mail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address

11

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - RELIEF

Insurance Company of Driver's Own Vehicle

2

NO

NO

NO

YES

General Information of the Accident

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

Weather Conditions RAINING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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. Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name JURONG WEST NPC

ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20190724/2043

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons:

Was there any audio recorded?

YES YES

NO

FILE TOO BIG

GBA6260Y

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

UKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN	Ang Ma	o Kio	Ave 10
	B		
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		A - SHF 185Z B - GBA6260Y
ECLARATION We declare the foregoing particular	are true in every respect.	,	10019
olicyholder's Signature	Driver's Signature	/19	Reporting Centre Personnel's Signature

NRIC/FIN No .:

Date & Time:

Sketch Plan Pg. 2

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.
- 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.
- 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.
- 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:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

1 of 3 Report No. T/20190724/2043

Date/Time Report Made: 24/07/2019 11:27		Made:	Vide Report No.:	Station Diary No. 82		
	it's Partic			· · · · · · · · · · · · · · · · · · ·		
Name of Informant: MOK CHEK TIEN ID Type / ID No.: NRIC NO / S7015343B Nationality: SINGAPORE CITIZEN			Address: APT BLK 633 JURONG WEST STREET 65 #03-304 SINGAPORE 640633			
		43B	Contact No.: Home/Office:	Mobile: 83680339		
		EN	Email:			
Sex: Male	Age: 49	Date of Birth: 04/05/1970	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Hit and Run	Drink Drive: A	Date/Time of Accident: 4/07/2019 09:00	Type of Location Straight Road
Location: Along Road 1 ANG MO KIO towards bisha	AVENUE 10			
Weather: Raining		Road Surface: Wet		ad Speed Limit:
		Traffic Control:		311/11
Traffic Flow: One Way Type of Collis		Not Controlled		ffic Volume: derate

o of Passenger		000000	Color	Model	Make	Туре	Vehicle No.
THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	No of P	Condition	COIO	WIO GO	ALTERNATION AND A PROPERTY OF THE PERSON OF	Lorry	GBA6260Y
	0					Lony	-2/102001
						Cor	SHF1857
	0	Slightly				Car	SHF185Z
_	0	Slightly Damaged				Car	SHF185Z

Details of Person Involved	14.96 April 2017 Day 14.10 Day 15.10 Day
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan Pg. 4





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SI

2 of 3 Report No. T/20190724/2043

700 Corporation Road SINGAPORE 649818 Tel No: 1800-2689999

CONTINUATION OF REPORT

Name	MOK CHEK TIEN		的作品等的	ID No).	S7015343B
Related Vehicle	SHF185Z (Car)		Conta	act No.	83680339	
Hospital/Clinic	NIL		Class Drivin Licens Expire	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Days grant	ed Medical Leave	NIL	Degree of		NIL	

Brief Details.

On the above mentioned date, time and location, I was travelling along the 2 lane road. While travelling, a lorry on the left lane, cut into my lane abruptly, hitting my left bumper and fender. I sounded my horn but the said lorry refused to stop. There are afew passenger sitting at the rear of the lorry but they ignored. Thus, I made a Police report. I have a video recording of the accident. As of now, I have yet to seek medical treatment.





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649848 Tel No: 1800-2689999

3 of 3 Report No. T/20190724/2043

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 SN/126 St 2 MUHAMMAD ADNAN BIN MOHAMBD IBRAHIM Signature Of Interpreter:	Signature Of Informant:
Not applicable Police Force	Date/Time: 24/07/2019 11:27
Officer In Charge Of Case:	Classification Of Case:
Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	
Authentication Stamp	