

## 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	09/10/2019 15:47
Date Of Accident	08/10/2019 07:00
Exact Location Of Accident	BRADDELL ROAD - ISLAMIC RELIGIOUS SINGAPORE (MUIS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2680K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ANUAR BIN MOHAMED SAID
NRIC No	S1755369J
Email Address	ANNUR003@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90670005
Alternative Phone No	OTHERS-90670005

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.5 VTIR (A)
Exact Purpose for which vehicle was being used at time of accident	PARKED VEHICLE
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

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MT000624-R00
Cover Note Number	

### Driver

Name of Driver	ANUAR BIN MOHAMED SAID
NRIC No	S1755369J
Date Of Birth	03/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1989
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90670005
Fax Number	
Contact Number	OTHERS-90670005
EEmail Address	ANNUR003@SINGNET.COM.SG

Address	APT BLK 365C UPPER SERANGOON ROAD #16-1084 SINGAPORE
Postcode	533365
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	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) 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT

#### 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	SH9287M
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

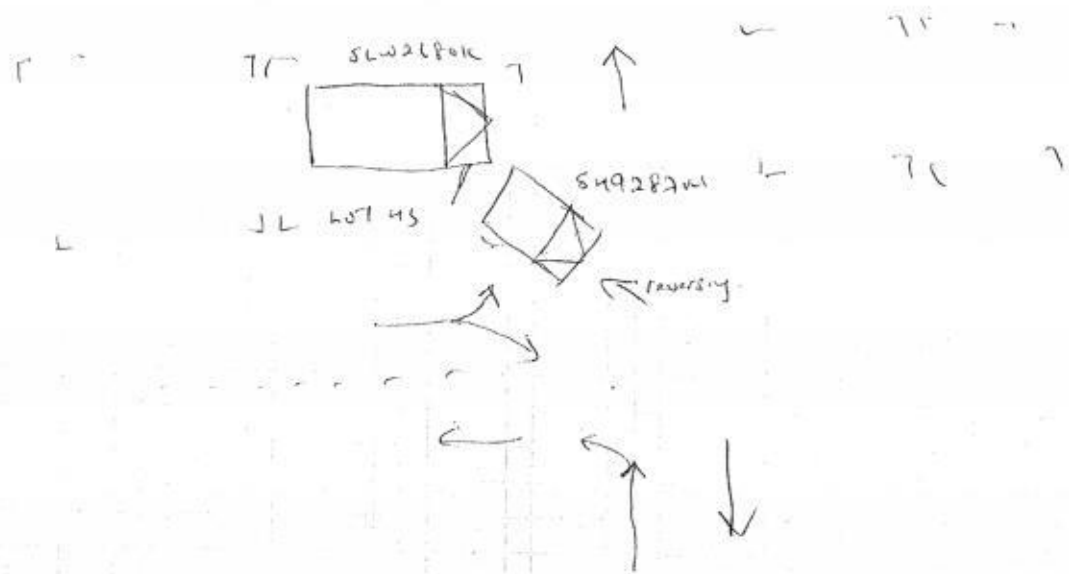
Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

Vehicle Number: 5LW2680K

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 09/12/19 1430

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20191008/2057

1 of 3

Police Station Of Origin:  
Hougang NPP  
357 Hougang Avenue 7 #01-805  
SINGAPORE 530357  
Tel No: 1800-2869999

Report No. T/20191008/2057

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/10/2019 13:03	Vide Report No.:	Station Diary No.: 11
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<b>Informant's Particulars</b>			
Name of Informant: ANUAR BIN MOHAMED SAID		Address: APT BLK 365C UPPER SERANGOON ROAD #16-1084 SINGAPORE 533365	
ID Type / ID No.: NRIC NO / S1755369J		Contact No.: Home/Office: Mobile: 90670005	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 03/12/1966	Type of Informant: Vehicle Owner
Race: Malay		Language: English	Institution / School Name:
Occupation: Supervisor		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/10/2019 07:00	Type of Location: Car Park
Location: Along Road 1 BRADDELL ROAD  273 Braddell Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLW2680K	Car					0



**SINGAPORE  
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**CONTINUATION OF REPORT**

**Brief Details.**

On 08/10/2019 at about 0650hrs, I had parked my vehicle at MUIS basement carpark (Lot 43) and everything is intact at that point of time. I had left my son in the vehicle as he was sleeping thus I had left him in the vehicle.

On the same day about 0700hrs, my son was awoken by an impact hit from another vehicle. My son then saw the said vehicle left the scene without stopping the vehicle. A few minutes later, when I went back to my vehicle my son informed me that earlier there was a comfort delgro taxi that had hit on my front right side of the vehicle. I then went to the security officer to ask for assistance from them to check for the registration number of the taxi that had hit onto my vehicle. While viewing the CCTV, I then saw a comfort taxi (Registration Number: SH9287M) that had hit on my vehicle.

I wished to state that I had called comfort delgro hotline to informed them about the matter and they informed me that they will get back to me on this. This is the first time such incident had happened to me.



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**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:

F /

Sgt 2 MUHAMMAD SYAFIQ BIN ROSMANJA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476145

Signature Of Informant:

Date/Time:

08/10/2019 13:03

Classification Of Case:

SN1005

Authentication Stamp

NP168

