

## 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	18/11/2019 15:27
Date Of Accident	15/11/2019 21:00
Exact Location Of Accident	BLK 414 EUNOS RD 5 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF545P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABM-CENTURY PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67472292

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MT102861-R01
Cover Note Number	

### Driver

Name of Driver	NORAZMI BIN ATAN
NRIC No	S8130282J
Date Of Birth	18/10/1981
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97161689
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 414 EUNOS ROAD 5 #01-68
Postcode	400414
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

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?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: G/20191116/2029

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	NA/UNKNOWN
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

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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:

16.11.19

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

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

# Accident Sketch Plan

SKETCH PLAN

BLK 414 EUNIOS RD 5  
CAR PARK

A - GBE545P  
B - UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 9/20191116/2029

## 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.:

## Individual Statement



**SINGAPORE  
POLICE FORCE**



G/20191116/2029

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20191116/2029

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Date/Time Report Made 16/11/2019 10:02		Vide Report No.		Station Diary No. 14	
Name Of Informant NORAZMI BIN ATAN		Address APT BLK 414 EUNOS ROAD 5 #01-68 SINGAPORE 400414			
ID Type / ID No. NRIC NO / S8130282J		Contact No. Home/Office		Mobile 97161689	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation CLEANER MANAGER		Sex Male	Age 38	Date of Birth 18/10/1981	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 15/11/2019 21:00		Location Of Incident EUNOS ROAD 5 SINGAPORE BLK 414			

**Brief details.**

On the 15/11/2019 at about 2100hrs, I went down to the carpark where I parked my Toyota Hiace van (GBF545P), unlocked my car and entered the car. Upon entering the van, I realised that my left side mirror was shattered and partially detached from the connector. I also realised the left side body near the front left wheel had several scratch marks and was scratched deep.

I am unsure of what happened and it might have been construction works that were carried out that

Signature Of Officer Recording The Report: G / Sgt 1 CHUA KUN ER	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2019 10:02
Officer In-Charge Of Case: G / Geylang N.P.C / Sgt 3 NUR ARIYANI BINTE ARIFFIN Contact No.: 68486999	Classification Of Case:

Authentication Stamp

Individual Statement



SINGAPORE  
POLICE FORCE



G/20191116/2029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191116/2029

caused the damages.

When I parked my van at the carpark at 1600hrs, the van had no damages whatsoever.

I then removed the mirror and placed it inside my van.

I have been driving this van for about 2 years, and this is the first time such incident happened.

I had my side mirror replaced as I needed to drive it. The cost of the side mirror is about SGD\$50/-.

I wish to lodge this report for recording purposes as my insurance company informed me to do so ASAP.

Signature Of Officer Recording The Report:

G / Sgt 1 CHUA KUN ER

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Geylang N.P.C /  
Sgt 3 NUR ARIYANI BINTE ARIFFIN  
Contact No.: 68486999

Authentication Stamp

Signature Of Informant:

Date/Time:  
16/11/2019 10:02

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

