

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	03/02/2020 15:49
Date Of Accident	28/01/2020 15:25
Exact Location Of Accident	MOUNT ELIZABETH (PARAGON LOADING/UNLOADING BAY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2196D
Insured/Policyholder	
Name Of Registered Owner	LIHA MAIL SERVICES
Co Reg No	5XXXX994J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84095327
Alternative Phone No	OFFICE-84095327

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5107611928
Cover Note Number	

Driver

Name of Driver	ISMAIL BIN IBRAHIM
NRIC No	SXXXX660H
Date Of Birth	29/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/04/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84095327
Fax Number	
Contact Number	OTHERS-84095327
Email Address	NOEMAIL

Address	BLK 62 TEBAN GARDENS ROAD #11-625
Postcode	600062
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	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)	3
Passenger 1	NAME: : ZALIHA BTE HASAN GENDER: : FEMALE
Passenger 2	NAME: : NUR SHAZWANI BTE ISMAIL GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200128/2124

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD6720X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NURIHAN BIN EEBAN
NRIC/Passport Number	SXXXX752F
Contact Number	90141917
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Veh A: GBJ 2196 D
Veh B: GBD 6700 X

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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.

** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY (WHICH I WILL CHECK MY POLICY FOR MORE DETAILS)



Policy No: 16336239
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12.29

01/02/2020

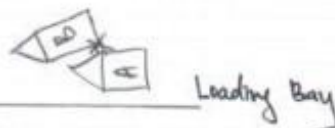
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: GBJ 2196D

Veh B: GBD 6920X



Mount Elizabeth

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No. T/20200128/2124

DECLARATION

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



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

Date & Time: 12.29
1/02/2020

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200128/2124

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

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Report No. T/20200128/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/01/2020 18:04		Vide Report No.:		Station Diary No.: 44	
Informant's Particulars					
Name of Informant: ISMAIL BIN IBRAHIM			Address: APT BLK 62 TEBAN GARDENS ROAD #11-625 SINGAPORE 600062		
ID Type / ID No.: NRIC NO / S6919660H			Contact No.: Home/Office: Mobile: 84095327		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 29/06/1969	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		Institution / School Name:
Occupation: SELF-EMPLOYED			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2020 15:25	Type of Location: Car Park
Location: Along Road 1 MOUNT ELIZABETH Paragon Loading Bay				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6720X	Van	RENAULT		Blue		0
GBJ2196D	Van	TOYOTA		Silver	Slightly Damaged	2

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200128/2124

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

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Report No. T/20200128/2124

CONTINUATION OF REPORT

Driver			
Name	NURIHAN BIN EEBAN		ID No. S2195752F
Related Vehicle	GBD6720X (Van)		Contact No. 90141917
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Vehicle Owner			
Name	ISMAIL BIN IBRAHIM		ID No. S6919660H
Related Vehicle	GBJ2196D (Van)		Contact No. 84095327
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28/01/2020, at about 1525hrs, I parked my van GBJ2196D at Paragon loading bay lot as I was unloading some goods from my van. As I was doing my work, I then saw an incoming Cisco van GBD6720X hit onto my driver side mirror while trying to shift his vehicle in front of my van. I approached the driver and he admitted that it was his mistake for causing the accident. I checked my vehicle and discovered that the driver side mirror is totally damaged. We then exchanged particulars and I took some photos of the accident. We then left the place shortly after. I wish to state that no one were injured in this accident. I also wish to state that I had in-car camera in my van but I have not checked if it had recorded the accident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200128/2124

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

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Report No. T/20200128/2124

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: D / Staff Sgt TAN WEI JIAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/01/2020 18:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case: SN 51
Authentication Stamp NP168  	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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