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

	ACCIDENT STATEMENT	
Date Of Report	27/03/2020 16:16	
Date Of Accident	26/03/2020 15:30	
Exact Location Of Accident	BLK 66 LORONG 4 CAR PARK TOA PAYOH	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

	DETAILS OF	OWN VEHICLE

Vehicle Registration Number SJN7560L

Insured/Policyholder

Name Of Registered Owner GOLDEN SHAW PTE LTD

Co Reg No 2XXXXX976E

Email Address SAMUELNGWEICHIEH@GMAIL.COM

Mobile Phone No (LOCAL) +65-97875558
Alternative Phone No OFFICE-87798577

Vehicle Particulars

Manufacturer TOYOTA

Model WISH 1.8 AUTO

Exact Purpose for which vehicle was being used at

time of accident

HIRE & REWARDS

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 PRI

PRIVATE HIRE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 19-MK001053-R00

Cover Note Number 30/12/2019 - 29/12/2020

Driver

Name of Driver AMINAH DELIMA BINTE RAIS

 NRIC No
 SXXXX492E

 Date Of Birth
 02/05/1972

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/10/2015

Driving Experience 4 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-87798577

Fax Number

Contact Number

EMail Address DELIMA2471@GMAIL.COM

Address

BLK 58 LORONG 4 TOA PAYOH #06-55

Postcode

310058

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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 (OTHER)

TOA PAYOH N.P.C

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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

SJJ1101P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

AMINAH DELIMA BINTE RAIS

CHEST PAIN SJN7560L

Page 3 of 19

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refor L. St. Robert St. Com. Con. Con	BE CIRCUMSTANCES OF THE ACCIDENT Refer & De Rotice Report No. 7 / Do Dow 3 16 / Doll 1 Reporting Only rikes: Please forward a copy of my effle accident report to: rikes: Please forward a copy of my effle accident report to: address: edima 2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under with policy. Kindly check with your own insurer for more information. ATION ATION	Ny Vehicle A: _ S J N KETCH PLAN	7560 L Vehicle B: 57	Location: BLK 66	TOA PAUCH
Reporting Only Remarks: Please forward a copy of my effice accident report to: I mail address: Ranged! Remarks: Spease forward a copy of my effice accident report to: I mail address: Remarks: Re	BE CIRCUMSTANCES OF THE ACCIDENT Report A De Rotue Report No. 7 10 100 3 16 101 10 10 10 10 10 10 10 10 10 10 10 10	ETCH PLAN			
Carlo Colaim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only Remarks: Please forward a copy of my effle accident report to: Imail address:	BE CIRCUMSTANCES OF THE ACCIDENT Refer & She Rother Report No. 7 / Do Dow 3 16 / Set A Before Reporting Only This: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: rks: Please forward a copy of my effle accident report to: Reporting Centre Personnel's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Driver's Signature Name: Reporting Centre Personnel's Signature Name: Rep		()		
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Why workshop: I all address: Remail address: Remail address: Remail address: Challed Com Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information. CLARATION LE REMAIL COM Reporting Centre Personnel's Signature Reporting	BE CIRCUMSTANCES OF THE ACCIDENT Refer & She Robice Report No. 7 / Do Dow 3 She Joll 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only riks: Please forward a copy of my efile accident report to: orkshop: address: eleft : elf : elf : ddima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under win policy. Kindly check with your own insurer for more information. ATION ATION ATION ARION AR				
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only R	BE CIRCUMSTANCES OF THE ACCIDENT Refer & She Robice Report No. 7 / Do Dow 3 She Joll 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only riks: Please forward a copy of my efile accident report to: orkshop: address: eleft : elf : elf : ddima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under win policy. Kindly check with your own insurer for more information. ATION ATION ATION ARION AR		Reverse A)	>	
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: Mark	BE CIRCUMSTANCES OF THE ACCIDENT Refer & She Robice Report No. 7 / Do Dow 3 She Joll 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only riks: Please forward a copy of my efile accident report to: orkshop: address: eleft : elf : elf : ddima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under win policy. Kindly check with your own insurer for more information. ATION ATION ATION ARION AR	/' F	- T 1 T 1Ict		1936
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only lemarks: Please forward a copy of my efile accident report to: My workshop: mail address: myself: mail address: claim address: myself: mail address: claim address: myself: mail address: myself: myself: mail address: myself: mys	BE CIRCUMSTANCES OF THE ACCIDENT Refer & She Rober Report No. 7 / Do Dow 3 She / Dell 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: eleft :		1 1 -073		-
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only lemarks: Please forward a copy of my efile accident report to: November 1: mail address: Impself: Implication of the company	Refer & She Rober Report No. 7 / Do Doo 3 16 / Dell 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: elf: elf: elf: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION				Carpo
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only lemarks: Please forward a copy of my efile accident report to: November 1: mail address: Impself: Implication of the company	Refer & She Rober Report No. 7 / Do Doo 3 16 / Dell 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: elf: elf: elf: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under with policy. Kindly check with your own insurer for more information. ATION ATION	-			- /- 6
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only lemarks: Please forward a copy of my efile accident report to: November 1: mail address: Impself: Implication of the company	Refer & She Rober Report No. 7 / Do Doo 3 16 / Dell 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: elf: elf: elf: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under with policy. Kindly check with your own insurer for more information. ATION ATION		< <	£ -	2 Enla
Claim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only emarks: Please forward a copy of my effice accident report to: by workshop: mail address: mail address: mail address: dote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under our own policy. Kindly check with your own insurer for more information. LARATION declare: In the property of th	Refer & She Rothe Report No. 7 / Do Doo 3 16 / Dell 1 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: eleft :		Lote		
Reporting Only emarks: Please forward a copy of my efile accident report to: ly workshop: mail address: mail address: mail address: dote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under out own policy. Kindly check with your own insurer for more information. LARATION declare: Driver's Signature Reporting Only Reporting	Refer & the Rotace Report No. 7 / Yo You 3 16 / Jell 4 aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: elef : address: dclima24718 gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under win policy. Kindly check with your own insurer for more information. ATION ATION The Third Top of the companies of the c	COURT CIRCUMSTAN			
Claim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only emarks: Please forward a copy of my efile accident report to: It workshop: mail address: mail address: delima2471@gmail.com ote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under our own policy. Kindly check with your own insurer for more information. LARATION LARATION Driver's Signature Reporting Only	aim OD/TP at Ah Lim Motor	SCRIBE CIRCUMSTAN	LES OF THE ACCIDENT		
Claim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only remarks: Please forward a copy of my efile accident report to: My workshop: Mail address: Mail address: Mail address: Mail address: Mote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under our own policy. Kindly check with your own insurer for more information. MARATION Driver's Signature Reporting Only Reporting O	aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: ell: address: delima 2471 @ gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are introducing particulars are true in every respect. Oriver's Signature Reporting Centre Personnel's Signature Name: Nam	0 1	2 2/ 5		
Claim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to: My workshop: mail address: mail address: delima 24 TIP Amail. com lote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. LaRATION LaRATION Driver's Signature Reporting Centre Personnel's Signature Reporting Centre Personnel's Signature	aim OD/TP at Ah Lim Motor Claim OD/P at other workshop Reporting Only rks: Please forward a copy of my efile accident report to: orkshop: address: ell: address: delima 2471 @ gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are introducing particulars are true in every respect. Oriver's Signature Reporting Centre Personnel's Signature Name: Nam	Relper	I the Rotu	Report Nr.	
emarks: Please forward a copy of my efile accident report to: In workshop: In mail address: In myself: In mail address: In myself: In mail address: In mail address: In myself: I	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:		7/202	603 86/2111	
emarks: Please forward a copy of my efile accident report to: In workshop: In mail address: In myself: In mail address: In myself: In mail address: In mail address: In myself: I	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:			l	
emarks: Please forward a copy of my efile accident report to: In workshop: In mail address: In myself: In mail address: In myself: In mail address: In mail address: In myself: I	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
demarks: Please forward a copy of my efile accident report to: My workshop: mail address: myself: mail address: delima2471@gmail.com lote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. CLARATION e declare to to solve the personnel's Signature Driver's Signature Reporting Centre Personnel's Signature	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:			200	
Remarks: Please forward a copy of my efile accident report to: My workshop: Imail address:	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:				
My workshop: mail address: mail address: mail address: mail address: mail address: delima2471@gmail.com lote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. CLARATION e declare the top oing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
demarks: Please forward a copy of my efile accident report to: My workshop: mail address: myself: mail address: delima2471@gmail.com lote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. CLARATION e declare to to solve the personnel's Signature Driver's Signature Reporting Centre Personnel's Signature	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
My workshop: mail address: mail address: mail address: mail address: mail address: delima2471@gmail.com lote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. CLARATION e declare the top oing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
remarks: Please forward a copy of my efile accident report to: If yworkshop: If	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
emarks: Please forward a copy of my efile accident report to: In workshop: In mail address: In myself: In mail address: In myself: In mail address: In mail address: In myself: I	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
emarks: Please forward a copy of my efile accident report to: ly workshop: mail address: myself: mall address: delima 2471@gmail.com ote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. LARATION declare the reporting particulars are true in every respect. Priver's Signature Reporting Centre Personnel's Signature	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
emarks: Please forward a copy of my efile accident report to: ly workshop: mail address: myself: mail address: delima 2471@gmail.com ote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. LARATION declare the top soing particulars are true in every respect. Priver's Signature Reporting Centre Personnel's Signature	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
emarks: Please forward a copy of my efile accident report to: In workshop: In mail address: In myself: In mail address: In myself: In mail address: In mail address: In myself: I	rks: Please forward a copy of my efile accident report to: orkshop: address: elf: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are 1 Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
ly workshop: mail address: myself: mail address: delima2471@gmail.com ote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. LARATION declare the resonance in every respect. Driver's Signature Reporting Centre Personnel's Signature	prixshop: address: delima 2471 egmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are the 19 poing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	Claim OD/TP at A	Lim Motor Claim OD/Pat	other workshop Reporting Or	nly
mail address: myself: mail address: dclima2471@gmail.com ote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. LARATION edeclare that soing particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature	address: address: dclima2471@gmail.com Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are the foliograph of the policyholder of the poli	emarks : Please forw	ard a copy of my efile accident report t	0:	
ote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. **LARATION** **edeclare** In The soing particulars are true in every respect.* **Driver's Signature** **Reporting Centre Personnel's Signature**	Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are the formation particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:				
ote: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under ou own policy. Kindly check with your own insurer for more information. LARATION e declare the resonance special particulars are true in every respect. Driver's Signature Reporting Centre Personnel's Signature	Please take note that your insurer have 14 days timeframe for you to submit own damage claim under wn policy. Kindly check with your own insurer for more information. ATION are the 19 toing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:				
LARATION e declare the 19 soing particulars are true in every respect. Privar's Signature Driver's Signature Reporting Centre Personnel's Signature	ATION are the Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:	mall address : deli	na2471@gmail.com		
LARATION e declare the 19 soing particulars are true in every respect. Privar's Signature Driver's Signature Reporting Centre Personnel's Signature	ATION are the Top soing particulars are true in every respect. Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:	ote : Please take note	that your insurer have 14 days timefra	me for you to submit own damage claim	under
wholder's Signature Reporting Centre Personnel's Signature	Driver's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:	ou own policy. Kindly	check with your own insurer for more	information.	
wholder's Signature Reporting Centre Personnel's Signature	Driver's Signature (If driver is not the policyholder) Date & Time: Date & Time: NRIC/FIN No.:		SP\$\$455.\$4550.32 (App. 1550) 2550 (app. 1550) 4550 (app. 1550)	AH DO	
wholder's signature Reporting Centre Personnel's Signature	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:	e declare the Torseoing p	articulars are true in every respect.		
wholder's signature Reporting Centre Personnel's Signature	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Date & Time: NRIC/FIN No.:	MA (SEE)*	A A II		
NEDUTINE CENTRE PERSONNELS SIEDATURE	(If driver is not the policyholder) Date & Time: NRIC/FIN No.:	3 2 2 2 2		202	
TO STATE OF THE DUILTIDIDES AND	Date & Time: NRIC/FIN No.:				eture

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.
- 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) of:
 - 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:
 - 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 Signatus Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

1 of 3 Report No. T/20200326/2115

Date/Time Report Made: 26/03/2020 18:06		Vide Report No.:				Station Diary No.:			
			E/20200326/0139				142		
Informant's	Partic	ulars							
Name of Informant: AMINAH DELIMA BINTE RAIS ID Type / ID No.: NRIC NO / S7250492E		1007700.000	Address:						
		APT BLK 58 LORONG 4 TOA PAYOH #06-55 SINGAPORE 310058							
		Contact No.: Home/Office: Mobile							
		Emai			Mobile	e: 87798577			
Nationality: SINGAPOR	E CITI	ZEN	Emai	1.					
Sex: Female	Sex: Age: Date of Birth:			of Informan	t:				
Race: Malay			Lang	uage:		Instituti	ion / So	chool Name:	
Occupation Grab Driver			Drivir Class	ng Licence Ir s: 3	nformation:	Date of	Date of Expiry:		
Type of		on of the Acciden Non-Injury Hit and Run	t de	Drink Drive:	Date/Tin Accident			Type of Location	
Type of Accident:		Non-Injury	t III	Drink	Date/Tin Accident				
Type of Accident: Location: Along Road LORONG 4	1 TOA F	Non-Injury Hit and Run PAYOH	L	Drink Drive:	Date/Tin Accident				
Type of Accident: Location: Along Road LORONG 4 Blk 66 Loro Weather:	1 TOA F	Non-Injury Hit and Run		Drink Drive:	Date/Tin Accident			Type of Location Car Park Speed Limit:	
Type of Accident: Location: Along Road LORONG 4	1 TOA F	Non-Injury Hit and Run PAYOH	Road	Drink Drive: No	Date/Tin Accident		Road	Car Park	
Type of Accident: Location: Along Road LORONG 4 Blk 66 Loro Weather: Clear Traffic Flow	TOA F	Non-Injury Hit and Run PAYOH Da Payoh Carpark	Road	Drink Drive: No	Date/Tin Accident		Road Traffic	Car Park Speed Limit:	
Type of Accident: Location: Along Road LORONG 4 Blk 66 Loro Weather: Clear Traffic Flow One Way Type of Col Vehicle real	TOA F	Non-Injury Hit and Run PAYOH Da Payoh Carpark	Road	Drink Drive: No	Date/Tin Accident		Road Traffic Anyor ambu	Speed Limit: C Volume:	
Type of Accident: Location: Along Road LORONG 4 Blk 66 Loro Weather: Clear Traffic Flow One Way Type of Col Vehicle real	TOA F	Non-Injury Hit and Run PAYOH Da Payoh Carpark	Road	Drink Drive: No Surface:	Date/Tin Accident 26/03/20	: 20 15:30	Road Traffic Anyor ambu No	Speed Limit: C Volume: ne conveyed by lance:	
Type of Accident: Location: Along Road LORONG 4 Blk 66 Loro Weather: Clear Traffic Flow One Way Type of Col	TOA F	Non-Injury Hit and Run PAYOH Da Payoh Carpark	Road	Drink Drive: No	Date/Tin Accident	: 20 15:30	Road Traffic Anyor ambu	Speed Limit: C Volume:	

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





2 of 3 Report No. T/20200326/2115

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

Driver	Lagrange States		District Street		THURS.	Section of the second
Name	AMINAH DELIMA E	BINTE RAIS		ID No	5).	S7250492E
Related Vehicle	SJN7560L (Car)	SJN7560L (Car)			ict No.	87798577
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL		Degree of				

Brief Details.

On 26/03/2020 at about 1530hrs, I was driving my vehicle(SJN7560L) and traveling inside the car park of Blk 66 Lorong 4 Toa Payoh. I was traveling on a straight road at the car park, looking for parking lot.

Suddenly, one vehicle(SJJ1101P) which was parked head in at lot 193, reversed out and the rear of his vehicle, collided onto the left rear side of my vehicle. Subsequently, we alighted from our vehicle and made a check. Upon asking for settlement, the other driver mentioned that he don't know anything and he don't care. The said driver then drove away without leaving any particulars behind.

My vehicle sustained deep scratches, marks and holes on the left rear side. However, there was no government property damage. After the accident, I felt that my chest was tight. I will consult the doctor whenever needed. No one was conveyed to the hospital.





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

3 of 3 Report No. T/20200326/2115

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.

E / Sgt 2 KELVIN ONG LIN WE	m	Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 26/03/2020 18:06		
Officer In Charge Of Case:		Classification Of Case:		
SI KALESWARI PALANI Contact No.: 65476902	SINGAPORE POLICE FORCE	SN 168		
Authentication Stamp NP168	sign	ATURE		