

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 willful 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 submission 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 elsewhere.

ACCIDENT STATEMENT

Date Of Report 06/07/2020 16:54
 Date Of Accident 06/07/2020 13:20
 Exact Location Of Accident CCK CRES MSCP DECK 2A LOT 184
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV2201P
Insured/Policyholder
 Name Of Registered Owner MUHAMMAD IZZUDDIN BIN AHMAD A'TAILLAH
 NRIC No SXXXX745Z
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-90266186
 Alternative Phone No OFFICE-90266186
Vehicle Particulars
 Manufacturer HONDA
 Model STREAM
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5115761526
 Cover Note Number
Driver
 Name of Driver MUHAMMAD IZZUDDIN BIN AHMAD A'TAILLAH
 NRIC No SXXXX745Z
 Date Of Birth 05/05/1986
 Occupation INDOOR
 Date Of Driving Pass 24/04/2014
 Driving Experience 6 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-90266186
 Fax Number
 Contact Number OFFICE-90266186
 Email Address NOEMAIL

Address BLK 657 CCK CREB #17-39
Postcode 680657
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) 0

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CHOA CHU KANG NPC
Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 ,
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

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH9118U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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. 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:

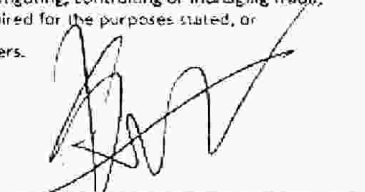
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



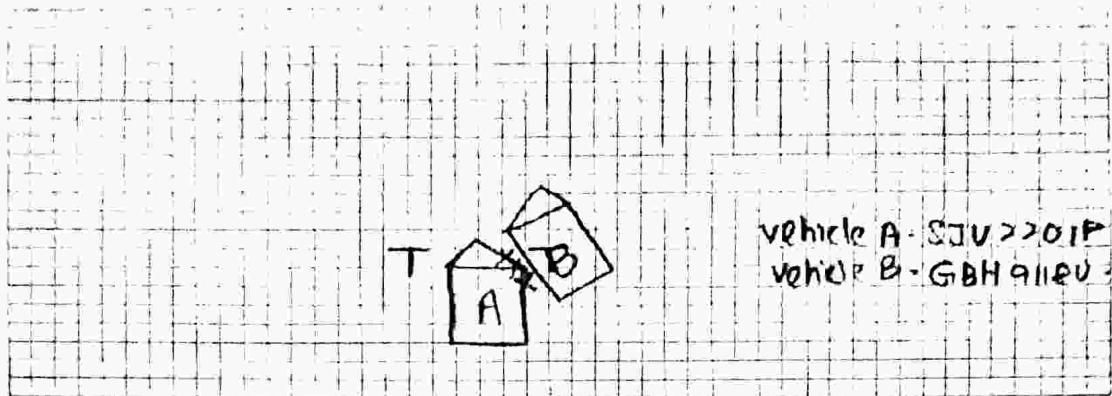
Driver's Signature
(If driver is not the policyholder).
Date & Time:



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

Sketch Plan #2

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:

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

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

police report



**SINGAPORE
POLICE FORCE**



T/20200706/2064

3 of 3

Report No. T/20200706/2064

Police Station Of Origin
Choo Chu Kang N P C
20 Choo Chu Kang Street 52 #01-02
SINGAPORE 689266
Tel No. 1800-7659999

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:

J/
Sgt 3 LAM SIANG LIAN

Signature Of Informant

Signature Of Interpreter:
Not applicable

Date/Time:
06/07/2020 15:54

Officer In Charge Of Case:
TP / HRT /
SINOR AFFENDY BIN JAFFAR
Contact No. 65476368

Classification Of Case:

Authentication Stamp
NP158

police report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Choa Chu Kang N P C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No 1800-7659999



1/20200709/206A

2 of 3

Report No 1/20200709/206A

CONTINUATION OF REPORT

Name	MUHAMMAD IZZUDDIN BIN AHMAD A'TAILLAH	ID No.	S8914745Z
Related Vehicle	SJV2201P (Car)	Contact No.	90266186
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 05/07/2020 at about 1130hrs, I parked my vehicle, bearing the registration number SJV2201P, at Blk 661A Choa Chu Kang Crescent MSCP, Deck 2A, Lot 184. Everything was intact and nothing was amiss.

On 06/07/2020 at about 1320hrs, I returned to my vehicle and noticed that the bumper of my vehicle has fallen. There are scratches and dents all over my bumper. There were cracks on the right headlight cover as well. I made a check on my in-car camera and noticed a white van, bearing the registration plate GBH911BU, was reversing near my vehicle on 06/07/2020 at about 0124hrs. It is unsure if there is any collision but my camera starts recording when there are movements near my vehicle.

TP attended to the scene. I had given TP the memory card inside my in-car camera and was told to come and lodge a Traffic Accident Report.

police report



**SINGAPORE
POLICE FORCE**



T/20200706/2064

1 of 3

Police Station Of Origin:
Choa Chu Kang N P C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No 1800-7659999

Report No T/20200706/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2020 15:54		Vide Report No.: J/20200706/0081		Station Diary No: 85	
Informant's Particulars					
Name of Informant: MUHAMMAD IZZUDDIN BIN AHMAD A'TAILLAH			Address: APT BLK 657 CHOA CHU KANG CRESCENT #17-39 SINGAPORE 680657		
ID Type / ID No: NRIC NO / S8914745Z			Contact No.: Home/Office: Mobile: 90266186		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 05/05/1989	Type of Informant: Vehicle Owner		
Race: Malay			Language: English		Institution / School Name:
Occupation: ENGINEERING SECURITY EXECUTIVE			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 06/07/2020 13:20	Type of Location: Car Park	
Location: Along Road 1 CHOA CHU KANG CRESCENT				
Blk 661A Choa Chu Kang Crescent MSC Deck 2A Lot 184				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
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
GBH9118U	Van					0
SVJ2201P	Car				Slightly Damaged	0

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