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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2020 15:15
Date Of Accident	12/08/2020 17:20
Exact Location Of Accident	GEYLANG RD LOT 34 TANJONG KATONG COMPLEX CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB841L
Insured/Policyholder	
Name Of Registered Owner	FAUZIAH BINTE MOHAMOOD
NRIC No	SXXXX702H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97847852
Alternative Phone No	OFFICE-97847852
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5088656478-03
Cover Note Number	
Driver	
Name of Driver	UTHI I BIN ATAN

Name of Driver

UTHLI BIN ATAN

NRIC No

SXXXX138I

Date Of Birth

Occupation

OUTDOOR

Date Of Driving Pass

04/01/2001

Driving Experience 19 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97847852

Fax Number

Contact Number

EMail Address UTHLI ATAN@HOTMAIL.COM

Address BLK 511 PASIR RIS ST 52 #11-131

Postcode 510511

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

2

NO

NO

NO

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 TAMPINES N.P.C

Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200812/2142

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN8222D

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

Page 2 of 20

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

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	A 34	Greylang Rol	
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		complex of
Refer to	. B Police	Report 7/202008121	2142
CLARATION	/		
	culars are true in every respect.	at the same of the	
icyholder's Signature e & Time:	Driver's Signature (if driver is not the policyho	Reporting Centre Personnel's Syllder) Name:	nature

POLICE REPORT





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

1 of 3 Report No. T/20200812/2142

REPORT	OF A TRAFFI	CACCIDENT					
Date/Time Report Made: 12/08/2020 22:07			Vide Report No.:	Station E	lary No.:		
Informa	nt's Partic	ulars					
	f Informant: BIN ATAN		Address: APT BLK 511 PASIR RIS STREET 52 #11-131 SINGAPORE 510511				
ID Type / ID No.: NRIC NO / S1584138I			Contact No.: Home/Office:	Mobile: 97847852	ei		
Nationality: SINGAPORE CITIZEN		'EN	Email:				
Sex: Age: Date of Birth: Male 57 04/01/1963			Type of Informant: Driver				
Race: Malay			Language:	Institution / School Name:			
Occupation: FREELANCE			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

General Inform	mation of the Accide	nt	Maria Santa	CONTRACTOR OF THE PARTY OF THE	
Type of Accident: Non-Injury Hit and Run		Drink Drive: No	Date/Time of Accident: 12/08/2020 17:20	Type of Location Car Park	
Location:				, Dia	
GEYLANG R	OAD			777	
Weather: Clear Traffic Flow: Type of Collision: Moving Vehicle Against - Parked Vehicle		Road Surface: Dry	F	Road Speed Limit:	
		Traffic Control: Not Controlled	1		
		hicle	a	Anyone conveyed by ambulance: No	

Details of Vehicle Involved									
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger			
SLB841L	Car	TOYOTA	Wish	White	Slightly	0			

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

E.

POLICE REPORT





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SIN

Report No. T/20200812/2142

2 of 3

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999 CONTINUATION OF REPORT

Driver					A MARINA	
Name	UTHLI BIN ATAN			ID No		S1584138I
Related Vehicle	NIL			Conta	ct No.	97847852
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	IWI CARD	Date Disc	harge	NIL	
No. of Days granted Medical Leave		NIL	Degree of	f Injury	NIL	

Brief Details.

が対け

On 12/08/2020 at about 3pm, I parked my vehicle SLB841L at the lot 34 of the open space carpark of Tanjong Katong complex.

On 12/08/2020 at 5.20pm, I returned to my car, only to discover a huge dent and crack line along the front left side of my vehicle. I do not have any in car camera and I do not know who did it. To my knowledge, there was a lorry parked on the left side of my vehicle at lot 33. There is a CCTV at the exit of the carpark belonging to the parking company. They require me to lodge a police report before being able to view the CCTV footages.

POLICE REPORT





T/20200812/2142

3 of 3 Report No. T/20200812/2142

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Sketch Plan

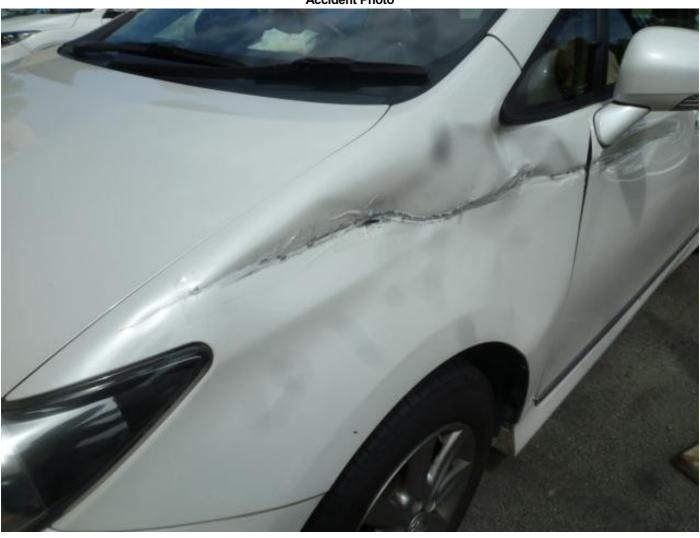
Informant is not able to provide sketch plan

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.

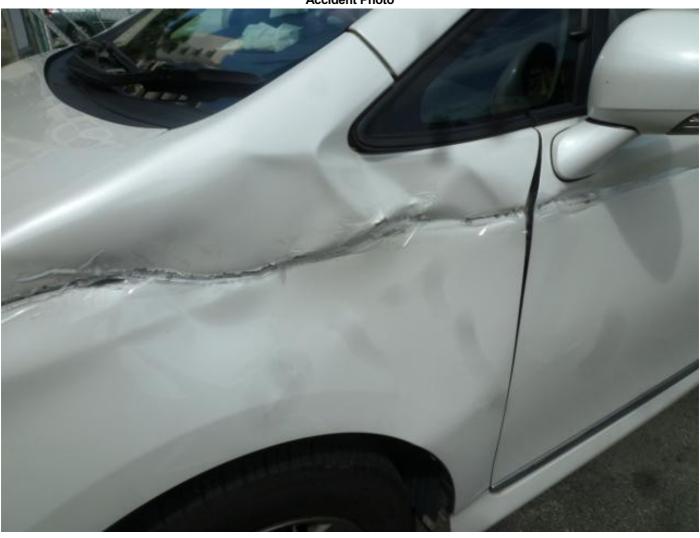
Signature Of Officer Recording The R G / Sgt 2 BRYAN CHENG CHUN HENG	Report:	Signature Of Informant:	52
Signature Of Interpreter: Not applicable		Date/Time: 12/08/2020 22:07	
Officer in Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD S Contact No.: 65476145	SAID	Classification Of Case:	
Authentication Stamp NP168	B	unae	



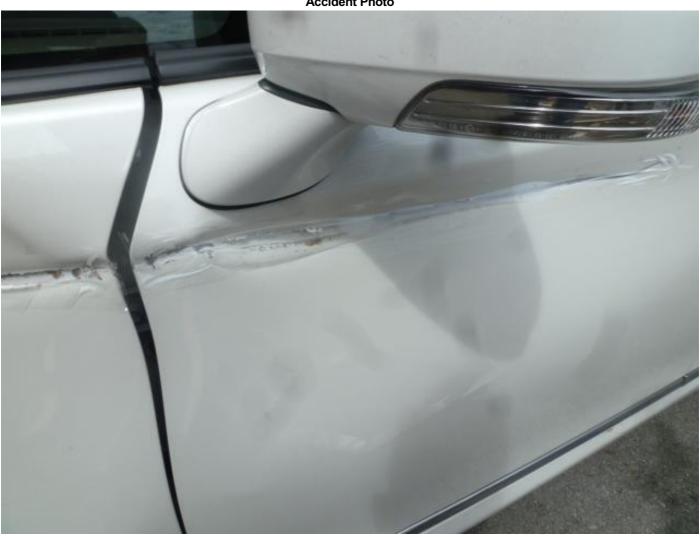










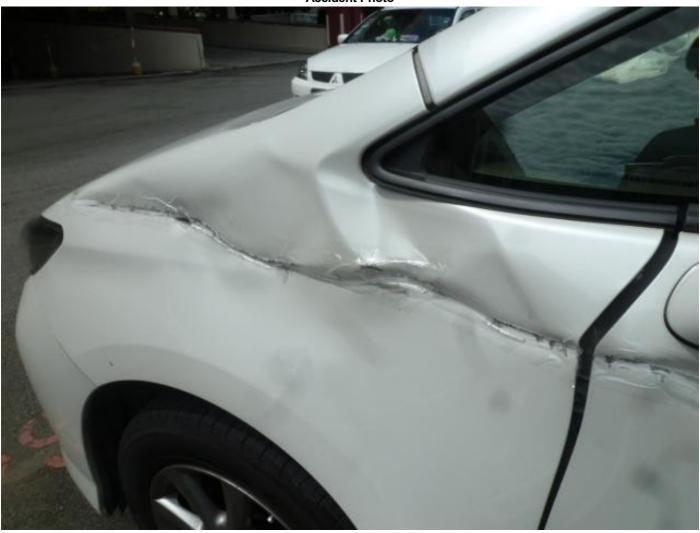














Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION (6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

				ADDI	ENDUN	1			
)	PARTICULARS OF PE	ERSONMA	AKINGTHE	AMENDA	MENTS:				
	Original Report No	Original Report No : MMA 1200 68633			v	ehicle Registrat	ion No:	SLB 8411	
	Name(as shownin NRIC)	:U+h	di Bin	Atan	N	RIC/FIN/Passpo	ortNo : _ 5	XXXX 138	I
	(*Vehicle Driver / Ve	ehicle Ow	ner) (*) Ple	ease delet	e as appro	priate			
	Address	:						_Singapore()
	Contact (Tel)	:			N	obile No.: 9	78478	52.	
	Email Address								
	Date of Accident					ime of Accident			
	Place of Accident	:_ Ge	ylang	Rd L	ot 34	Tan; on a	Katone	Complex	Carpai
	Insurance Company					200	7		,
	Hunend	Revert	from	Repo	erting	to thir	d Part	y Clair	15
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	08416						fut		
	Policyholder / Driver Date:	's Signatu	en :	100			tre Personn		-