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.

aloresalu.	
	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
D	ETAILS 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	REPORTING ONLY
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	UTHLI BIN ATAN

Name of Driver
UTHLI BIN ATAM
NRIC No
SXXXX138I
Date Of Birth
04/01/1963
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

BLK 511 PASIR RIS ST 52 #11-131 Address

Postcode

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

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 0

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

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? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

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)

Accident Sketch Plan

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.
- 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

KETCH PLAN				
			A 518	St. 11
			A= SLB	8412.
	I I			
SCRIBE CIRCUMSTANCE	34 S OF THE ACCIDENT	τ.	Geylang Roll anjong Kating	Complex of
Refer to	. B P. live	Repart	7/20200812	12142
	/_			
LARATION	iculars are true in every respe	ct.	14	
e declare the lonegoing parti	1011.1		The	

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 TRAFFIC ACCIDENT							
Date/Time Report Made: 12/08/2020 22:07			Vide Report No.:	Stati 71	Station Diary 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: 9784785	52		
Nationality: SINGAPORE CITIZEN			Email:		195		
Sex: Male	Age: 57	Date of Birth: 04/01/1963	Type of Informant: Driver				
Race: Malay			Language:	Institution / Scho	ool Name:		
Occupation: FREELANCE			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:			

General Inform	mation of the Accider	it	Maria Constant	CONTRACT TO THE PARTY OF	
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				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:	
Type of Collis Moving Vehic	ion: le Against - Parked Ve	hicle	70	Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLB841L	Car	ТОУОТА	Wish	White	Slightly Damaged	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 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3 Report No. T/20200812/2142

CONTINUATION OF REPORT

Driver			A STANTING SE		HALL	
Name	UTHLI BIN ATAN			ID Nó.		S1584138I
Related Vehicle	NIL			Contac	t No.	97847852
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Wicker	Date Disc	harge	NIL	
No. of Days granted Medical Leave		NIL	Degree of	Injury	NIL	

Brief Details.

日本 2000年

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





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

3 of 3 Report No. T/20200812/2142

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	eport:	Signature Of Informant:	62
Signature Of Interpreter: Not applicable		Date/Time: 12/08/2020 22:07	12.
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD S Contact No.: 65476145	SAID SINGAPORE	Classification Of Case:	
Authentication Stamp NP168	SIGNA SIGNA	TURE TO THE	

























