

## 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	26/08/2020 17:51
Date Of Accident	25/08/2020 16:00
Exact Location Of Accident	BLK 292 YISHUN ST 22 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ8722R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZULFADLY BIN MOHAMAD ABU BAKAR
NRIC No	SXXXX789Z
Email Address	ZUL_PADLY1995@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96268499
Alternative Phone No	OFFICE-96268499

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

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	5109412889-01
Cover Note Number	

### Driver

Name of Driver	ZULFADLY BIN MOHAMAD ABU BAKAR
NRIC No	SXXXX789Z
Date Of Birth	22/04/1995
Occupation	INDOOR
Date Of Driving Pass	19/10/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96268499
Fax Number	
Contact Number	OFFICE-96268499
EEmail Address	ZUL_PADLY1995@HOTMAIL.COM

Address	BLK 771 YISHUN AVENUE 3 #04-245
Postcode	760771
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?	
Was any other material or property damaged?	NO
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	WOODLANDS DIVISION HQ
Police Station Address	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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	GBF4624T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MR CHENG
NRIC/Passport Number	
Contact Number	93898592
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**SKETCH PLAN**

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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:

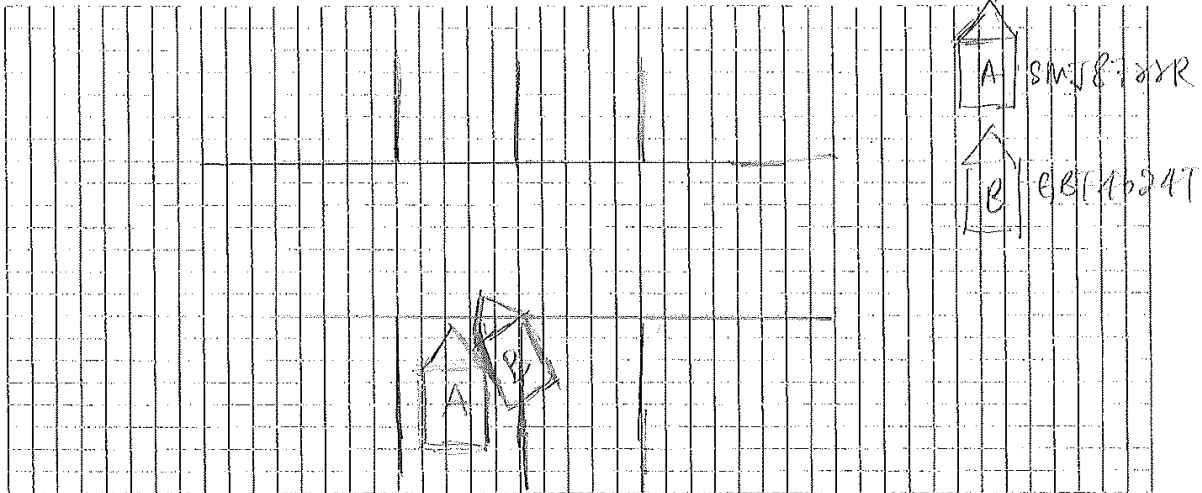
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per 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.:

[illegible]

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Report No. L/20200825/7043

Date/Time Report Made 25/08/2020 19:33	Vide Report No.	Station Diary No.		
Name Of Informant ZULFADLY BIN MOHAMAD ABU BAKAR	Address 771 YISHUN AVENUE 3 #04-245 SINGAPORE 760771			
ID Type / ID No. NRIC NO / S9513789Z	Contact No. Home/Office:	Mobile: 96268499		
Nationality SINGAPORE CITIZEN	Email Address ZUL_FADLY1995@HOTMAIL.COM			
Occupation Desktop Engineer	Sex Male	Age 25	Date of Birth 22/04/1995	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 25/08/2020 16:00 - 25/08/2020 16:10	Location Of Incident 292 YISHUN STREET 22 HDB-YISHUN SINGAPORE 760292			

On 25/08/2020 at about 1530hrs, I had parked my car (A black coloured Mercedes C180) bearing plate number SMJ8722R at the above-mentioned location. When I returned to my car at about 16400hrs, I notice that my front bumper had white scratch marks and that it had slightly pop off the vehicle chassis. There was also a note on the windscreen stating that the Mr Cheng (A1) had accidentally hit the car and provided his contact number, 93898592.

I checked my in car camera and notice that the incident happened at 1600hrs.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2020 19:33
Officer In-Charge Of Case:	Classification Of Case:

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**SINGAPORE  
POLICE FORCE**



L/20200825/7043

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200825/7043

A1, driving a white coloured van Toyota Hiace bearing plate number GBF4624T, was exiting his car park lot (Lot No. 188) and had misjudged the turning radius of his vehicle thus scrapping his left side of the van on my car. Noticing as such, he reversed his van and exited that lot again. A1 later place the note on my windscreen at 1608hrs before taking some pictures of the vehicle.

I contacted A1 at his contact number and managed to get through to him. He had express his concern on claiming with insurance however I wish to proceed with insurance claim.

I'm lodging this report for insurance claim purposes only.

Subjects Involved			
Victim			
Person Name	ZULFADLY BIN MOHAMAD ABU BAKAR		
ID Type	NRIC NO	ID No	S9513789Z
Gender	Male	Age	25
Race	Malay	Language	English
Occupation	Desktop Engineer	Address	771 YISHUN AVENUE 3 #04-245 SINGAPORE 760771
Mobile No	96268499	Is Informant A Victim?	Yes
Person Name	ZULFADLY BIN MOHAMAD ABU BAKAR (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/08/2020 19:33
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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