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TP Particulars: Veh No: SC	2 8227 K.	. INC(.)/Non-INC()	
Owner/Driver: (Tel:)	
Policy No: () Period	1: () (Cover Type: ()	
Confirmed by : (ater.	Time:)	
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Driver/Owner:	3) Ti	1 Towing Pee		\$40/\$45	
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2/3	150	or dated ce dated	, Fee Charg Fee Charg	NAME OF TAXABLE PARTY.	W

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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 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.

CHARLEST AND SERVICE AND ADDRESS OF THE PARTY.	ACCIDENT STATEMENT
Date Of Report	26/10/2020 16:33
Date Of Accident	25/10/2020 12:00
Exact Location Of Accident	BALILANE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ6002Y
Insured/Policyholder	
Name Of Registered Owner	AJISH SUNY HENRY MORRIS
NRIC No	SXXXX351J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96214620
Alternative Phone No	OFFICE-96214620
Vehicle Particulars	
Manufacturer	BMW
Model	1161
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	5108936353-01
Cover Note Number	
Driver	
Name of Driver	AJISH SUNY HENRY MORRIS
NRIC No	SXXXX351J
Date Of Birth	03/04/1977
Occupation	INDOOR
Date Of Driving Pass	01/08/2005

15 YEARS AND 2 MONTHS

(LOCAL) +65-96214620

OFFICE-96214620

MALE

NOEMAIL

Address BLK 6 ST.GEORGE'S LANE #12-217

Postcode 320006

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? 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 KOLAM AYER NEIGHBOURHOOD POLICE POST

ROAD: BLK 72 GEYLANG BAHRU #01-3038, POSTCODE: 330072, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20201026/2097

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCQ8227K

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)	
	Page 3 of 24

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

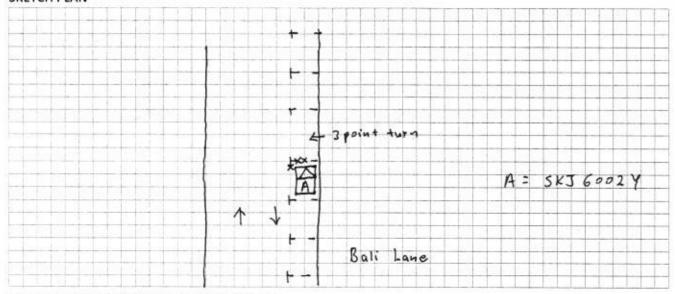
I understand, acknowledge, agree and consent that:

- (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:
 - 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

Refer	40	Police	Report	7120201026 /2097
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	1			0

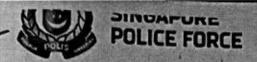
DECLARATION

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.:



1 of 3

Report No. T/20201026/2097

Police Station Of Origin: Kolam Ayer NPP

72 Geylang Bahru #01-3038 SINGAPORE

330072

Tel No: 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Station Diary No .: Vide Report No .: 26/10/2020 16:14 29

Informant's Particulars Name of Informant: Address: AJISH SUNY HENRY MORRIS APT BLK 6 ST. GEORGE'S LANE #12-217 SINGAPORE 320006 ID Type / ID No .: Contact No.: NRIC NO / S7774351J Home/Office: Mobile: 96214620 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 43 03/04/1977 Vehicle Owner Race: Language: Institution / School Name: Malayalee English Occupation: Driving Licence Information: SALES MANAGER Class: 2B,3 Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 25/10/2020 12:00	Type of Location Straight Road
Location:			120,1012020 12:00	
BALI LANE				
Weather:		Road Surface:	MARKET THE PARTY OF	Road Speed Limit:

Clear	Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume:
Type of Collision: Moving Vehicle Against - F	Parked Vehicle	Anyone conveyed by ambulance:

Details of V	ehicle Invo	lved	N. D. Barrier			SECULATION OF STREET
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SCQ8227K (Not Accurate)	Car	BMW				0
SKJ6002Y	Car	BMW	116 i	Blue	Slightly Damaged	0

Details of Vehicle Insurance		207.00 CO.	STATE OF STREET
Vehicle No. Insurance Company	Insurance No	Effective	
THE PROPERTY OF PERSONS ASSESSED.		Linective	Expiry Date





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

2 of 3 Report No. T/20201026/2097

Tel No: 1800-2969999

CONTINUATION OF REPORT

Vehicle No.	ehicle Insurance Insurance Company			
SKJ6002Y	NTUC Income Insurance Co-Operative	Insurance No	Effective	Expiry Date
	Limited Limited	STATE OF THE PARTY	新 是 然 因身根	A SECTION OF THE PERSON OF

Use	of Pedestrian Cros	ssing: NA
RRIS	ID No.	S7774351J
	Contact No	. 96214620
	Class of Driving Licence &	Class: 2B,3 Date of Expiry: NIL
		RRIS ID No. Contact No. Class of Driving

Brief Details.

On 25/10/2020 at about 1125hrs, I parked my vehicle at along Bali Lane, first parking lot next to the 3 point turn area. At about 1246hrs, I came back to my vehicle and discovered that there is a piece of note left at my left front windscreen. Stating that my car was hit by another vehicle at about 1201hrs. The vehicle number as written in the note is SCQ8227K. I then made a check at my vehicle and discovered that there is damages to my front left side bumper and left lamp.

3 of 3

Report No. T/20201026/2097

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 Tel No: 1800-2969999

THEE FUNCE

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:
A /
Sr Staff Sgt LIM CHIN MING

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SI NOR AFFENDY BIN JAFFAR
Contact No.: 65476368

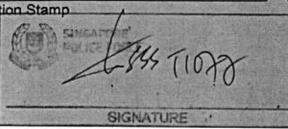
Signature Of Informant:

Date/Time:
26/10/2020 16:14

Classification Of Case:

Authentication Stamp

NP168



4 12:01 HR, On #0 25 (101 2020,

your front humper was scrurched
by a Buw, SCQ 8227K.

EYE WITNESS: DANIEL KRAEMER 87984071

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				• Change	Languag	e • Chan	ge Password	· Log Ou
Query								
			Date	of Accident		26/10/2020	13:32	7
.(For Motor) SKJ600)2Y		Certi	ficate Number				
		19	Search					
Policy No. Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
08936353- 01	AJISH SUNY HENRY MORRIS	\$7774351)	GPC	drivo CLASSIC	SKJ6002Y	SKJ6002Y	22/04/2020	21/04/2021
P	(For Motor) SKJ600 Solicy No. Certificate Number 08936353- 01	(For Motor) SKJ6002Y Volicy No. Certificate Number Name 08936353- 01 HENRY	(For Motor) SKJ6002Y Volicy No. Certificate Number Name NRIC 08936353- AJISH SUNY HENRY S77743513	Date	(For Motor) SKJ6002Y Certificate Number Search Tolicy No. Certificate Number Name NRIC D8936353- AJISH SUNY HENRY S7774351J GPC CLASSIC	(For Motor) SKJ6002Y Certificate Number Search Tolicy No. Certificate Number Name NRIC Number Name NRIC AJISH SUNY HENRY S7774351J GPC CLASSIC SKJ6002Y	(For Motor) SKJ6002Y Certificate Number Search Tolicy No. Certificate Number NRIC Product Cover Type Vehicle No. Object D8936353- AJISH SUNY HENRY S7774351J GPC CLASSIC SKJ6002Y SKJ6002Y	(For Motor) SKJ6002Y Certificate Number Search Colicy No. Certificate Number Name NRIC Product Cover Type Vehicle No. Object Date AJISH SUNY HENRY S7774351J GPC CLASSIC SKJ6002Y SKJ6002Y 22/04/2020

ACCIDENT STATEMENT

	ON:_ Bartley	Bali Lan	e	
1. [DETAILS OF VEHICLE	Charlin	V	
) VEHICLE -NUMBER:	SKJ 6002	4	
t)INSURANCE COMPANY:			
	POLICY NUMBER:			
	POLICY TYPE: (COMPRE	HENRIVE / THIRD PA	PTV / TUÍDO D A DTV EID	E 9 THEET
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	IF NO, PLEASE STATE (THIR	The state of the s	EPORTING ONLY)	
	NSURED / POLICY HOLDER			= :
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	ADDRESS:		CONTACT:_962	140-
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Mais of a p		ER ALSO POLICY HO	DLDER	
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(Including driver)		0306	(MALE / FE	MALE)
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رے ک	ADDRESS:			
***)DATE OF BIRTH: (/_	/ //۵۵/	1111 000001	
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in the second se			9 .	
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