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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Contact Number EMail Address

Fax Number

- 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.
- 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.

Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No SXXXX178F Small Address NOEMAIL Mobile Phone No (LOCAL) +65-97943044 Alternative Phone No OFFICE-97943044 Vehicle Particulars Manufacturer HONDA Model FIT 1.3G F-PACKAGE CVT Exact Purpose for which vehicle was being used at are of care atta eaction to be taken Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken REPORTING ONLY Vehicle Category RIVATE CAR Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD COMPREHENSIVE Fleet Policy Policy Number Cover Note Number Driver Name of Driver Name of Driver NARIC No SXXXX178F SARMIN BIN BASIR NRIC No SXXXX178F NRIC No SXXXX178F SARMIN BIN BASIR NRIC No SXXXX178F Date Of Driving Pass 12/09/1990		ACCIDENT STATEMENT
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Vehicle Registration Number SMM362H Insured/Policyholder Name Of Registered Owner SARMIN BIN BASIR NRIC No SXXXX178F Email Address NOEMAIL Mobile Phone No (LOCAL) +65-97943044 Alternative Phone No OFFICE-97943044 Vehicle Particulars Manufacturer HONDA Model FIT 1.3G F-PACKAGE CVT 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? If No, Please state action to be taken PRIVATE CAR Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number S110302161-01 Cover Note Number Driver Name of Driver SARMIN BIN BASIR NRIC No SXXXX178F Date Of Birth 25/10/1965 Occupation Date Of Driving Pass 12/09/1990	Exact Location Of Accident	BLK 214 PETIR RD CARPARK
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Cover Note Number Driver SARMIN BIN BASIR NRIC No SXXXX178F Date Of Birth 25/10/1965 Occupation INDOOR Date Of Driving Pass 12/09/1990	Fleet Policy	NO
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NRIC No SXXXX178F Date Of Birth 25/10/1965 Occupation INDOOR Date Of Driving Pass 12/09/1990	Driver	
Date Of Birth 25/10/1965 Occupation INDOOR Date Of Driving Pass 12/09/1990	Name of Driver	SARMIN BIN BASIR
Occupation INDOOR Date Of Driving Pass 12/09/1990	NRIC No	SXXXX178F
Date Of Driving Pass 12/09/1990	Date Of Birth	25/10/1965
	Occupation	INDOOR
Driving Experience 30 YEARS AND 1 MONTH	Date Of Driving Pass	12/09/1990
	Driving Experience	30 YEARS AND 1 MONTH

MALE

NOEMAIL

(LOCAL) +65-97943044

OFFICE-97943044

Address

BLK 214 PETIR ROAD

#05-439

Postcode

670214

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?

YES

Was any other material or property damaged? 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

JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20201102/2062.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

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

Page 2 of 17

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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 Signatu Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to plice 1954-1/221102/262.	

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 .:

GIARMC SketchPlanForm_V3

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ACCIDENT STATEMENT

	Y), TIME:(13 : 45)(HH:MM)
LOCATION: BIK 214 Pet: 1 Red carparle	
1. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 1MM 16 21	2
DINSURANCE COMPANY: AMUL	
C)POLICY NUMBER:	The state of the s
d)POLICY TYPE: (COMPREHENSIVE / THIRD PA	RTY / THÍRD PARTY FIRE &THEFT)
SIMARE & MODEL:	6
f)TYPE:(SALOON / COUPE / MPV /VAN / LORR	Y / MOTORCYCLE / OTHERS
9/ ETICLE CATEGORY: (PRIVATE / COMMERCI	IAL / MOTOPOVOLEL
INFORMOSE OF USING AT ACCIDENT TIME:	Do vute.
JARE YOU CLAIMING UNDER YOUR OWN INSU	RANCE (VES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIMS) PE	PORTING ONLY
2. INSURED / POLICY HOLDER	Since of the life
ANAME: SAMMIN BIN BASIT	(MADE / FEMALE)
b)NRIC/FIN/PASSPORT: SIZ VO)28F	CONTACT: 93943 AV
c)ADDRESS:	
	98 10 10 10
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HO	IDER
The of passenges. DRIVER	LOCK
(Including diam) GINAME:	(MALE / FEMALE)
CA 3 BITARIC/FIN/FASSPORT:	
c)ADDRESS:	
*d)DATE OF BIRTH: (
e)OCCUPATION: (INDOOR / OUTDOOR)	M/YYYY)
f) YEARS OF DRIVING EXPRERIENCE:	W 02
4. WAS DRIVER AN EMPLOYEE OF THE INSUREI	DIE COMPANIE OFFICIA
IF NO, RELATIONSHIP OF THE DRIVER WITH	INSURED: (YES / NO)
5. a) WEATHER CONDITION: (CLEAR / RAINING / O	THERE
D)ROAD SURFACE: (DRY / WET / OTHERS	IHERS
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE ((ES)/NO)	
IF YES, PLEASE STATE WHICH POLICE STATION:_	# E
No of passenger a) VEHICLE NUMBER: MICONIN	MODEL
Induding driver) b) DRIVER'S NAME:	_MODEL:
() NRIC/FIN/PASSPORT:	CONTACT
9. THIRD PARTY VEHICLE	_CONTACT:
No of passenger d) VEHICLE NUMBER:	MODEL:
Ind 1: 0) DRIVER'S NAME:	MODEL:
Induding driver) f) DRIVER'S NAME:	000174.07
()	CONTACT:

* 5	

email = Sarmin. basir @ yahoo. com. sg

VIDEO =X





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Report No. T/20201102/2062

Police Station Of Origin: Jgo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

DEDODE OF	A TRAFFIC	ACCIDENT
REPORT OF	A IRAFFIC	ACCIDENT

	Date/Time Report Made: 02/11/2020 13:40		Vide Report No.:	Station Diary No.	
Informa	nt's Partice	ulars		THE PERSON NAMED IN	
	Informant: BIN BASIF		Address: APT BLK 214 PETIR ROAD #	05-439 SINGAPORE 670214	
ID Type*/ ID No.: NRIC NO / S1720178F		78F	Contact No.: Home/Office:	Mobile: 97943044	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 55	Date of Birth: 25/10/1965	Type of Informant: Vehicle Owner		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Senior admin executive		ıtive	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/11/2020 10:45	Type of Location Car Park	
PETIR ROAL)				
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow: Traff		Traffic Control:		Traffic Volume:	
Traffic Flow:		Tramo control			

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMM362H	Car				Slightly	0





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No. 1800-3459999 2 of 3 Report No. T/20201102/2062

CONTINUATION OF REPORT

Brief Details.

On 02/11/2020 at about 1045hrs, I discovered that my car (SMM362H), which was parked at Blk 214 Petir Rd car park at lot number 177, had a dent of about 8cm in length and 5cm in width on the driver side front door. I last saw my car intact on 31/10/2020 at about 1400hrs.

Based on my in-car camera footage, there was no impact on my car between 01/11/2020 at about 2300hrs to 02/11/2020 at about 1045hrs. As such, it is likely that my car was hit between 31/10/2020 at about 1400hrs to 01/11/2020 at about 2300hrs. Unfortunately, I do not have any recording of that time period as my camera had overwritten itself.





T/20201102/2062

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Report No. T/20201102/2062

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

Sketch Plan

externations.

NP168

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.

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: G / Sgt 3 JAVIER WOON WEI QUAN	Signature Of Informant.		
Signature Of Interpreter:	Date/Time:		
Not applicable	02/11/2020 13:40		
Officer In Charge Of Case:	Classification Of Case:		
TP/HRT/			
SI TAN JEOK LENG			
Contact No.: 65476144			
Authentication Stamp			

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