#### 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 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

<ol><li>By the lodgement of this report to the insurers, you hereby cor aforesaid.</li></ol>	nsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/11/2020 09:30
Date Of Accident	02/11/2020 10:45
Exact Location Of Accident	BLK 214 PETIR RD CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
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 a time of accident	PRIVATE USE
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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 5110302161-01

Cover Note Number

#### **Driver**

Name of Driver SARMIN BIN BASIR

NRIC No SXXXX178F Date Of Birth 25/10/1965 Occupation **INDOOR Date Of Driving Pass** 12/09/1990

**Driving Experience** 30 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97943044

Fax Number

OFFICE-97943044 Contact Number

**EMail Address NOEMAIL**  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?

Number of vehicles (including own vehicle)

involved in the accident

NO 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.

Number of Passengers (Including Driver)

NO 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?

If Yes, against whom?

NO

#### **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** 

PRIVATE CAR

Vehicle Category 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

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- 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:
  - (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:

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketdsPlanForm V

## **Accident Sketch Plan**

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LARATION			
declare the foregoin	ng particulars are true in	every respect.	
ap.			
rholder's Signature & Time:	Driver's Si		Reporting Centre Personne Signature
Application of the Control of the Co	Date & Ti	s not the policyholder)	Name:

## **Police Report**





Police Station Of Origin: Jco Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999 1 of 3 Report No. T/20201102/2062

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2020 13:40		Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars		Anguanda a surrante partir partir p	
	Name of Informant: SARMIN BIN BASIR		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	Account to the last of the las		Email:		
Sex: Male	Age: 55	Date of Birth: 25/10/1965	Type of Informant: Vehicle Owner		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Driving Licence Information:		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	
Location: PETIR ROAD					
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Traffic Flow:		Traffic Control:		raffic volume:	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SMM362H	Car		7		Slightly Damaged	0

#### **Police Report**





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.

## **Police Report**





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

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CONTINUATION OF REPORT

## Sketch Plan

tation-limb

Informant is not able to provide sketch plan

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

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.

















