### 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

| atoresaid.   |  |
|--|--|
|  | ACCIDENT STATEMENT                         |
| Date Of Report   | 16/11/2020 17:43                           |
| Date Of Accident   | 13/11/2020 18:50                           |
| Exact Location Of Accident   | CARPARK T37 AT BLOCK 815 TAMPINES AVENUE 4 |
| Country/State of Loss  | SINGAPORE                                  |
|  | DETAILS OF OWN VEHICLE                     |
| Vehicle Registration Number  | SLR7020J                                   |
| Insured/Policyholder   |  |
| Name Of Registered Owner   | AHMAD SYALABI BIN ADI SUNARYO              |
| NRIC No  | SXXXX669G                                  |
| Email Address  | SYALABI@OUTLOOK.COM                        |
| Mobile Phone No  | (LOCAL) +65-96581700                       |
| Alternative Phone No   | OTHERS-96581700                            |
| Vehicle Particulars  |  |
| Manufacturer   | HYUNDAI                                    |
| Model  | ELANTRA-1.6 AD GLS (A)                     |
| Exact Purpose for which vehicle was being used at 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                                       | 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  | 5110446417-01                              |
| Cover Note Number  |  |
|  |  |

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|-------|---|---|
|       |   |   |

Name of Driver AHMAD SYALABI BIN ADI SUNARYO

 NRIC No
 SXXXX669G

 Date Of Birth
 27/10/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 21/07/2008

Driving Experience 12 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96581700

Fax Number

Contact Number OTHERS-96581700

EMail Address SYALABI@OUTLOOK.COM

**BLK 815 TAMPINES AVENUE 4** Address

#09-243 520815

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2 NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE** 

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20201114/7000

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SGT1000E Vehicle Make/Model/Colour **TOYOTA** 

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Page 2 of 17

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

SKETCH PLAN

Veh A: SLR 7020 J Veh B: 96T 1000 E

### **IMPORTANT NOTICE**

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- 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.

" I AM ANARED THAT MY INSURER NAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR WORE DETAILS.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

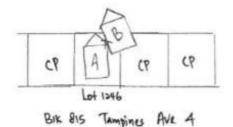
Reporting Centre Personnel

NRIC/FIN No.:

### **Accident Sketch Plan**

Veh A: SLR 70205 Veh B: SGT 1000 F

Car Park T37



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Please Refor | To | Police Report | 7/2020 1114/7000 |
|--------------|----|---------------|------------------|
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

16/11/2020

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers

NRIC/FIN No.:

## POLICE REPORT





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

| 111111111111111111111111111111111111111 | 100000        | 1191    |           | 10.00(1)          |            | ı |
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1 of 3

Report No. T/20201114/7000

| Date/Time Report Made:<br>14/11/2020 00:25 |                 |  | Vide Report No.:                              | Station Diary No.                           |  |
|--|-----------------|--|---|---|--|
| Informan                                   | t's Partice     | ulars  |   | 70 E 10 10 10 10 10 10 10 10 10 10 10 10 10 |  |
| Name of                                    | informant:      | Service State of the Service S | Address:<br>815 TAMPINES AVENUE 4 #           | 09-243 SINGAPORE 520815                     |  |
| ID Type / ID No.:<br>NRIC NO / S1693295G   |                 |  | Contact No.:<br>Home/Office: Mobile: 98292453 |   |  |
| Nationalit<br>SINGAPO                      | y:<br>ORE CITIZ | EN   | Email:<br>nurhanan@ectc.org.sg                |   |  |
| Sex:<br>Female                             | Age:<br>55      | Date of Birth:<br>24/01/1965   | Type of Informant:<br>Mother to car owner     |   |  |
| Race:<br>Malay                             |                 |  | Language:<br>English                          | Institution / School Name:                  |  |
| Occupation:<br>Clerical supervisor         |                 |  | Driving Licence Information:<br>Class:        | Date of Expiry:                             |  |

| General Inform                | nation of the Accide      | nt                                 |   |  |  |
|-------------------------------|---------------------------|------------------------------------|---|--|--|
| Type of Accident:             | Non-Injury<br>Hit and Run | Drink<br>Drive;<br>No              | Date/Time of<br>Accident:<br>13/11/2020 18:50 | Type of Location:<br>Car Park          |  |
| Location:                     | 1100                      | 1111                               | T. The Property of the Paris of               |  |  |
| TAMPINES A Weather: Clear     | VENUE                     | Road Surface:<br>Dry               |   | Road Speed Limit:<br>30 Km/h           |  |
| Traffic Flow:<br>Two Way      |                           | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Light               |  |
| Type of Collis<br>Hit and run | ion:                      |                                    |   | Anyone conveyed by<br>ambulance:<br>No |  |

| Vehicle Na. | Туре | Make | Model              | Color | Conditio   | No of |
|-------------|------|------|--------------------|-------|--|-------|
| SGT1000E    | Car  |      | TOYOTA             | White | Accessor (Anthon Color (Anthon | 0     |
| SLR7020J    | Car  |      | HYUNDAI<br>ELANTRA | Gray  | Slightly<br>Damaged  | 0     |

| Details of Vehicle Insurance  |             |             |             |
|-------------------------------|-------------|-------------|-------------|
| Vehicle No. Insurance Company | Insurance N | e Effective | Expiry Date |

### POLICE REPORT



T/20201114/7000

2 of 3

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20201114/7000

### CONTINUATION OF REPORT

| Insurance Company  | Insurance No   | Effective  | Expiry Date                      |
|--|--|--|----------------------------------|
| December 1 and 1 a | Committee and the second secon | THE RESERVE OF THE PARTY OF THE | and the latest the beauty of the |
|  | Insurance Company NTUC Income Insurance Co-Operative   | Insurance Company Insurance No NTUC Income Insurance Co-Operative 5110446417-01  |                                  |

| Details of Perso<br>Any Pedestrian I |  |           |           | SECTION.                              | 8 18           |                                   |
|--------------------------------------|--|-----------|-----------|---------------------------------------|----------------|-----------------------------------|
| No. of Pedestriar                    | MANERAL CONTRACTOR AND CONTRACTOR |           | Use of Pe | destrian                              | Cross          | ing: NA                           |
| Mother to car ow                     | ner  | Mark as P | 216       | March 20                              | REAL PROPERTY. |                                   |
| Name                                 | NUR HANAN BINTE OSMAN  |           |           | ID No.                                |                | \$1693295G                        |
| Related Vehicle                      | NII,   |           |           | Conta                                 | ct No.         | 98292453                          |
| Hospital/Clinic                      | NIL  |           |           | Class<br>Driving<br>Licence<br>Expiry | e &            | Class: NIL<br>Date of Expiry: NIL |
| Date                                 | NIL.   |           | Date      |                                       | NIL            |                                   |
| No. of Days gran                     | ted Medical Leave  | NIL       | Degree of | f                                     | NIL            |                                   |

### Brief Details.

Our car was parked at carpark no. T37 lot 1246 next to Blk 815 Tampines Avenue 4. When my daughter carne to line car at about 19:04hr, she saw a note stating to call the contact person as he has witnessed a white Toyota car no. SGT1000E hit the right side of my car (bumper area). Upon inspection, she noticed that our car indeed has been hit and the white car in no longer in sight. We called the witness, Mr Feng, and was told that he would share the video on the Hit and Run. We have watched the video together with Mr Feng and confirmed that the white car was fully aware that he has hit my car. The passenger who sat in the front passenger seat wind down the window to check. In spite of them being aware of it, no notification was left at the car to notify us. We are very disappointed with their inconsiderate action, We have a full footage of the incident video to proof his recklessness.

### **POLICE REPORT**



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3 Report No. T/20201114/7000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch

NP168

| Signature Of Interpreter: Not applicable  Officer in Charge Of Case: TP / TPIB / IRMAN BIN MOHAMAD SAID Contact No : 65476145 | Signature Of Officer Recording The Report:<br>Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.  |
|---|--|--|
| TP / TPIB / IRMAN BIN MOHAMAD SAID  |  | A TOTAL A STATE OF THE STATE OF |
| Schlad 140. 0547 0143   | TP / TPIB /  | Classification Of Case:  |















