

## 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 Submission	02/12/2020 09:23 (SGT)
Date of Accident	28/11/2020 15:10 (SGT)
Exact Location of Accident	126 Pasir Ris Street 11, Singapore 510126
Additional Location Information	CARPARK OF 126 PASIR RIS STREET 11
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR2850A
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MADON BIN HARON
NRIC No	SXXXX689J
Email Address	BYSYED@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96275619
Alternative Phone No	+65-91719305

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
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 - Claiming third party
Vehicle Category	Private car

#### INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5097016955-02
Cover Note Number	29/01/2020 - 28/01/2021

#### DRIVER

Name of Driver	MADON BIN HARON
NRIC No	SXXXX689J
Date Of Birth	11/08/1945
Occupation	Indoor

Date Of Driving Pass	08/12/1971
Driving experience	48 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96275619
Alt. Phone Number	+65-91719305
Email Address	BYSYED@HOTMAIL.COM
Address	BLK 126 PASIR RIS STREET 11 #10-379
Address complement	-
Postcode	510126
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### 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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

ON 28/11/2020 AT 1200HRS, I RETURNED HOME AT BLK 126 PASIR RIS STREET 11 AND PARKED MY VEHICLE SKR2850A AT THE OPEN CARPARK, LOT 100. ON 30/11/2020 AT 0730HRS, I REALIZED THAT MY VEHICLE HAD DENTS AND CRACKS ON MY FRONT RIGHT PORTION OF MY VEHICLE. OUR NEIGHBOUR FROM THE SAME BLOCK APPROACHED US AND INFORMED US THAT AN ACCIDENT OCCURRED TO MY VEHICLE AND ANOTHER VEHICLE (SLU2159K). MY NEIGHBOUR SHOWED US PICTURES DATED ON 28/11/2020 AT ABOUT 1500HRS AND LATER, THAT VEHICLE SLU2159K HAD COLLIDED INTO MY PARKED VEHICLE. THE PICTURES SHOWED THAT THE DRIVER OF SLU2159K TRIED TO PARK HEAD IN BUT COLLIDED INTO THE LEFT SIDE OF MY VEHICLE INSTEAD. THE OTHER PARTY WAS TRYING TO PARK AT LOT 99, BESIDE MY VEHICLE. MY NEIGHBOUR TOLD ME THAT THE OTHER PARTY DID NOT ATTEMPT TO CONTACT THE OWNER OF INVOLVED VEHICLE (ME) AND HE DID NOT LEAVE DOWN ANY NOT. I WILL BE ABLE TO PROVIDE THE TRAFFIC POLICE THE PHOTOGRAPHS OF THE ACCIDENT IF NECESSARY. I AM NOT SURE OF THE COST OF REPAIRS FOR MY VEHICLE YET. THE PARENT OF THE WITNESS IS MADAM FIZAH, HP 90922121. I TRIED TO LOCATE THE IN-VEHICLE CAMERA FOOTAGE FOR THE ACCIDENT DATE(28/11/2020), HOWEVER THE FOOTAGE HAD EXPIRED.

#### 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 .....	SLU2159K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	MADAM FIZAH
Phone .....	(Phone) +65-90922121
Email .....	-

SKETCH PLANIMPORTANT NOTICE

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**8. Consent under the Personal Data Protection Act (PDPA)**

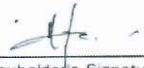
I understand, acknowledge, agree and consent that:


(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' law yers/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")

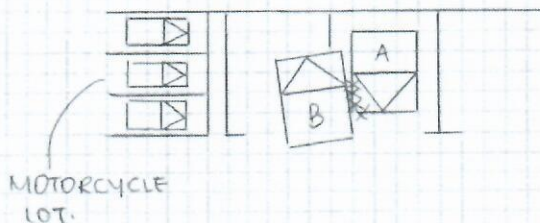
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

VEH A : SKR2850A  
VEH B : SLU2159K  
CARPARK OF BLK 126  
DASIR RIS STREET 11

## Describe Circumstances of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only


Claim OD

Claim TP

☒ Claim OD/TP at other workshop

## Declaration

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

  
Witnessed by Reporting Centre  
Personnel

