

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 Report	01/09/2020 21:21
Date Of Accident	22/08/2020 08:10
Exact Location Of Accident	BLOCK 94B BEDOK NORTH AVENUE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3908E
Insured/Policyholder	
Name Of Registered Owner	RUDI MAS BIN ABDUL RAHMAN
NRIC No	S7502733H
Email Address	RUDIMAS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-98309248
Alternative Phone No	OTHERS-98309248

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 ML
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	PNPV2018-00014593-01
Cover Note Number	NA

Driver

Name of Driver	RUDI MAS BIN ABDUL RAHMAN
NRIC No	S7502733H
Date Of Birth	28/01/1975
Occupation	INDOOR
Date Of Driving Pass	28/11/1995
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98309248
Fax Number	
Contact Number	OTHERS-98309248
Email Address	RUDIMAS@SINGNET.COM.SG

Address	NA
Postcode	
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?	NO
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BEDOK SOUTH N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 22/08/2020 AT ABOUT 1100HRS, I WENT TO RETRIEVE MY VEHICLE (SGN3908E) WHICH WAS PARKED AT THE OPEN SPACE CAR PARK IN A HANDICAP LOT FACING BLK 94B BEDOK NORTH AVENUE 4. THE VEHICLE WAS LAST PARKED BY MY FATHER WHO IS A HANDICAP PERSON. UPON RETRIEVING MY VEHICLE, I NOTICED THE FRONT BUMPER OF MY VEHICLE WAS DANGING HALFWAY AND THERE WAS AN IMPACT AT THE FRONT RIGHT BUMPER PORTION. I THEN PROCEEDED TO MY BRING MY VEHICLE TO THE WORKSHOP FOR REPAIR. ON 29/08/2020 AT ABOUT 1400HRS, I DISCOVERED THERE WAS A PIECE OF PAPER PLACED AT THE WINDSCREEN OF MY VEHICLE WHICH STATES THAT ONE PASSER-BY-HAD WITNESS ONE VEHICLE (VAN, GBJ4423K) HAD COLLIDED ONTO THE FRONT BUMPER OF MY VEHICLE AND LEFT THE LOCATION.

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 Witness 1

Name	YEO
Phone Number	98410317
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4423K
Vehicle Make/Model/Colour	TOYOTA / HIACE VAN TURBO 5DR MT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. 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 :
 - (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' 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:

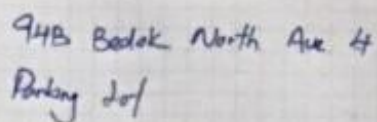
1/9/2020

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
WONG JUN KEAT

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH



A: 36N39.8E

B:GBJ4403K



REFER TO ATTACHED STATEMENT

REFER TO ATTACHED STATEMENT.

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

have the fore

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NBSC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20200830/2015

1 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20200830/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2020 10:18	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars

Name of Informant: RUDI MAS BIN ABDUL RAHMAN			Address: APT BLK 94B BEDOK NORTH AVENUE 4 #08-1387 SINGAPORE 461094	
ID Type / ID No.: NRIC NO / S7502733H			Contact No.:	Mobile: 98309248
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 45	Date of Birth: 28/01/1975	Type of Informant: Vehicle Owner	
Race: Malay			Language:	Institution / School Name:
Occupation: AIRCRAFT ENGINEER			Driving Licence Information: Class: 2A,3	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/08/2020 08:10	Type of Location: Car Park
Location: BEDOK NORTH AVENUE 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBJ4423K	Van					0
SGN3908E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL		


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20200830/2015

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Report No. T/20200830/2015

CONTINUATION OF REPORT

Vehicle Owner		ID No.	S7502733H
Name	RUDI MAS BIN ABDUL RAHMAN		Contact No. 98309248
Related Vehicle	SGN3908E (Car)		Class of Driving Licence & Expiry Date Class: 2A,3 Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/08/2020 at about 1100hrs, I went to retrieve my vehicle (SGN3908E) which was parked at the open space car park in a handicap lot facing Blk 94B Bedok North Avenue 4. The vehicle was last parked by my father who is a handicap person. Upon retrieving my vehicle, I noticed the front bumper of my vehicle was dangling halfway and there was an impact at the front right bumper portion. I then proceeded to bring my vehicle to the workshop for repair.

On 29/08/2020 at about 1400hrs, I discovered there was a piece of paper placed at the windscreen of my vehicle which states that one passer-by had witness one vehicle (Van, GBJ4423K) had collided onto the front bumper of my vehicle and left the location.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No. 1800-2448999



T/20200830/2015

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Report No. T/20200830/2015

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:

G /

Sgt 2 TAN EDMUND NEIL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/08/2020 10:18

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

Classification Of Case:

Authentication Stamp

NP168





YOUR THIRD PARTY, FIRE & THEFT CAR INSURANCE SUMMARY

Please call +65-6322-2072 for FWD Emergency Assistance
if Your Car breaks down or is involved in an accident.

All accidents must be reported within 24 hours or the next working day of the incident
regardless of whether it will lead to a claim.

POLICY NUMBER : PNPV2018-00014593-01

About this policy

Premium paid	: S\$404.60	Coverage start date	: 16/11/2019
(Inclusive of GST)		Coverage end date	: 15/11/2020
Who is insured to drive:	: You and any Authorised Driver		
Policy Type	: THIRD PARTY, FIRE, THEFT		

About you (As the policyholder)

Your name	: Rudi Mas Bin Abdul Rahman		
Address	: 507 Bedok North Avenue 3 #14-363 Kaki Bukit Ville Singapore 460507		
Email	: rudi.mas@pwc.ca		
NRIC/FIN	: S7502733H	Date of birth	: 28/01/1975
Marital status	: Married	Gender	: Male
Current no claims discount	: 50%	Mobile Number	: 98309248
Years of driving experience	: Three or more	Certificate of merit	: Yes

About your car

Car make and model	: MERCEDES BENZ C180 1.8
Year of first registration	: 2006
Car plate number	: SGN3908E
Issued on:	: 15/10/2019

Abhishek Bhatia
Chief Executive Officer
FWD Singapore Pte Ltd

Please refer to contract for specific terms, conditions
and exclusions of this policy.

Please immediately inform us at +65-6322-5663
or email us to contact.ag@fwd.com if any details in
this Car Insurance Summary need to be changed.

Hi, I witness a van (Beige white)
G8J4483K drive near your car and there was
a loud bang. Time was around 8:10 am
22nd Aug
my number is 98410317
If you need info, ~~call~~ help on details.
Yeo

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



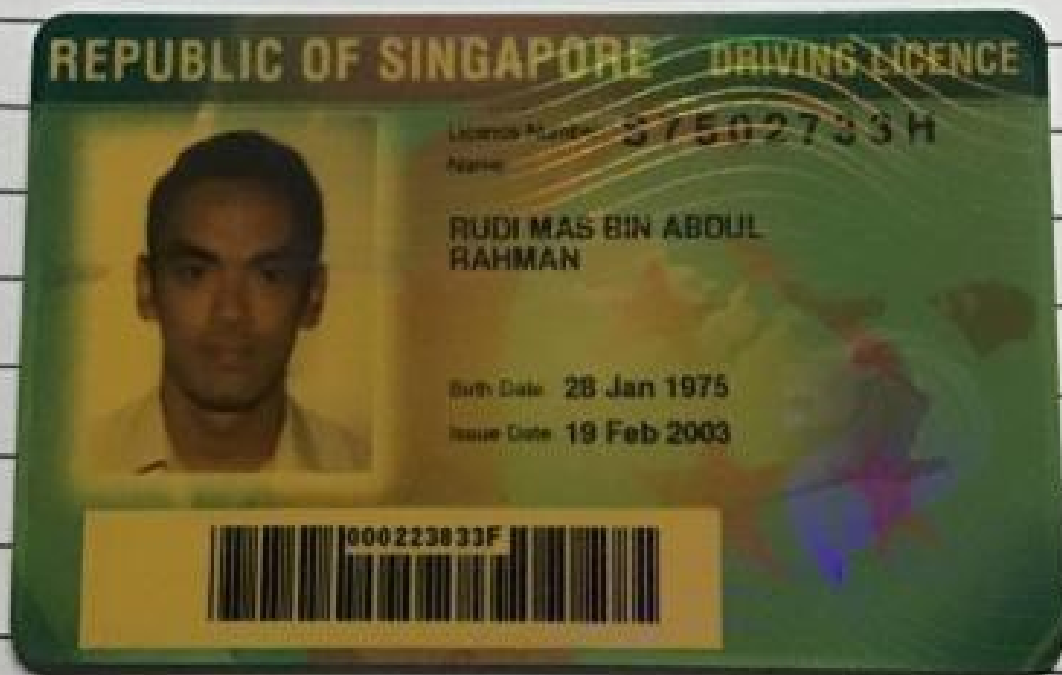
Accident Photo



Driving License

CIRCUMSTANCES OF THE ACCIDENT

AND STATEMENT.



INSTANCES OF THE ACCIDENT

HED STATEMENT.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:


		PASS DATE
Class 3A	Motorcycles between 301 CC and 400 CC	28 Sep 2019
Class 2B	Motorcycles <= 200 CC	04 Nov 1999
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	28 Nov 1999

S7902733H

S / No.9000330938

NP 42BA

License No. S7902733H



Accident Photo

