

# 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 ..... 11/12/2020 16:44 (SGT)  
Date of Accident ..... 10/12/2020 06:40 (SGT)  
Exact Location of Accident ..... Cranwell Rd, Singapore  
Additional Location Information ..... CRANWELL RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLW9501Z

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF  
NRIC No ..... SXXXX741G  
Email Address ..... syfyus@gmail.com  
Mobile Phone No ..... (Phone) +65-84442027  
Alternative Phone No ..... +65-84442027

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... C180k  
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 ..... 5115503515  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF  
NRIC No ..... SXXXX741G  
Date Of Birth ..... 22/12/1987  
Occupation ..... Outdoor

Date Of Driving Pass .....	14/11/2008
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-84442027
Alt. Phone Number .....	+65-84442027
Email Address .....	syfyus@gmail.com
Address .....	BLK 661C EDGEDALE PLAINS
Address complement .....	#07-648
Postcode .....	823661
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) .....	0
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 .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201211/2012

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number .....	SHD4101A
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) ..... -




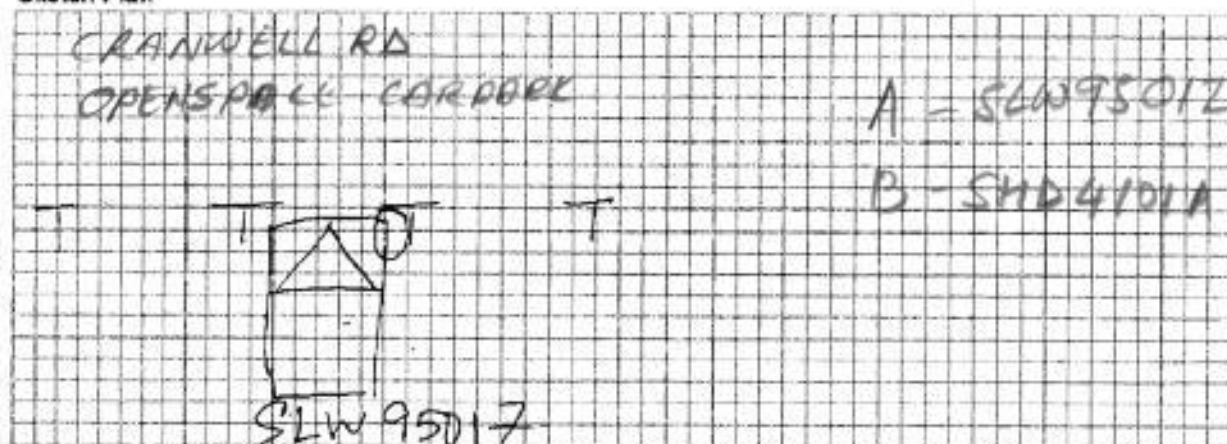
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.
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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

REFER TO POLICE REPORT  
REPORT NO: T/20201211/2012

DAMAGE TO MY VEHICLE:


(1) RIGHT FRONT FENDER

(2) RIGHT HEADLAMP


I HAVE THE VIDEO FOOTAGE OF THE ACCIDENT.  
THERE WERE NO NOTES OR PARTICULARS LEFT  
BEHIND BY THE DRIVER AFTER THE ACCIDENT OCCURRED.

## 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

 11/12/20  
Witnessed by Reporting Centre  
Personnel







**SINGAPORE  
POLICE FORCE**



T/20201211/2012

2 of 3

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20201211/2012

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	ID No.	S8741741G
Related Vehicle	SLW9501Z (Car)	Contact No.	84442027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/12/2020 at about 6.40am, I parked my car (SLW 9501Z) at the open space carpark at Cranwell Rd. I left my car there intact. On the same day, at about 7.30pm, I returned to my car and discovered there were scratches on the front right fender of my car. I checked my in cam video recorder and discovered that on 7.33am, a blue Hyundai taxi (SHD 4101A) hit my car and caused the scratches. I have the video recording and I can provide it to the Police if required. The other party did not leave any particulars and left the carpark. As such, I am making this police report.



















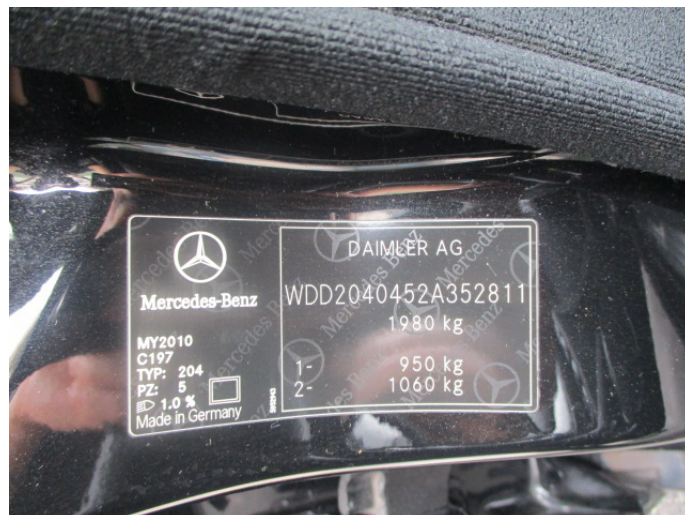


















# SINGAPORE POLICE FORCE



T/20201211/2012

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Report No. T/20201211/2012

Police Station Of Origin:  
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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2020 07:56	Vide Report No.:	Station Diary No.: 48
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### Informant's Particulars

Name of Informant: NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF			Address: APT BLK 661C EDGEDALE PLAINS #07-648 SINGAPORE 823661		
ID Type / ID No.: NRIC NO / S8741741G			Contact No.: Home/Office: Mobile: 84442027		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 22/12/1987	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Fitness Trainer			Driving Licence Information: Class: 3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/12/2020 06:40	Type of Location: Car Park
Location:  CRANWELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SHD4101A	Car	HYUNDAI		Blue	Slightly Damaged	0
SLW9501Z	Car	MERCEDES BENZ	C180K	Black	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SLW9501Z	NTUC Income Insurance Co-Operative Limited	5115503515	14/01/2020	09/02/2021





**SINGAPORE  
POLICE FORCE**



T/20201211/2012

2 of 3

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81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20201211/2012

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NUR MUHAMMAD SYAFIQ BIN MOHD YUSOFF	ID No.	S8741741G
Related Vehicle	SLW9501Z (Car)	Contact No.	84442027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10/12/2020 at about 6.40am, I parked my car (SLW 9501Z) at the open space carpark at Cranwell Rd. I left my car there intact. On the same day, at about 7.30pm, I returned to my car and discovered there were scratches on the front right fender of my car. I checked my in cam video recorder and discovered that on 7.33am, a blue Hyundai taxi (SHD 4101A) hit my car and caused the scratches. I have the video recording and I can provide it to the Police if required. The other party did not leave any particulars and left the carpark. As such, I am making this police report.



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T/20201211/2012

3 of 3

Report No. T/20201211/2012

**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:  
F /  
Sgt 2 KOH WEI JUN, JONES

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Signature Of Informant:

Date/Time:  
11/12/2020 07:56

Classification Of Case:

641035

Authentication Stamp  
NP168

