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.

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 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 29/12/2020 14:17 (SGT) Date of Accident 28/12/2020 10:58 (SGT) Exact Location of Accident 2 Yishun Walk, Singapore 767944 Additional Location Information HOMETEAMNS(KHATIB) S(767944) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDX9001P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HALIMSHAH BIN RASHID NRIC No. SXXXX547C Email Address HALIMSHAHRASHID@GMAIL.COM Mobile Phone No (Phone) +65-98783311 Alternative Phone No (Home) +65-98783311

VEHICLE PARTICULARS

Manufacturer Audi Model Q5 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 AIG Type of Coverage Comprehensive Fleet Policy Policy Number 2070148183 Cover Note Number

DRIVER

Name of Driver HALIMSHAH BIN RASHID NRIC No SXXXX547C Date Of Birth 12/05/1969 Occupation Indoor

Date Of Driving Pass 17/06/1995 Driving experience 25 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-98783311 Alt. Phone Number (Home) +65-98783311 Email Address HALIMSHAHRASHID@GMAIL.COM Address 683D, WOODLANDS DR.62 Address complement #05-143 Postcode 734683 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 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) 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 Yishun North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18008529999 Alt. Police Station Phone No (Fax) +65-68522299 Police Station Address 31 Yishun Central Singapore 768827 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO REPORT NO. T/20201228/2106. 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 Vehicle Manufacturer	SLZ9932Y Mitsubishi
Vehicle Model	-
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	

Address			
Address complement			
Postcode		 	 <u>-</u>
Insurance Company Name			<u>-</u>
Nature Of Damage			
Details of property damaged in a	accident	 	<u>-</u>
No. Of Passenger (Including Dri	ver)		 -

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
- 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 ainformation 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 insurers) 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:
 - 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: 29 / 12 / 20

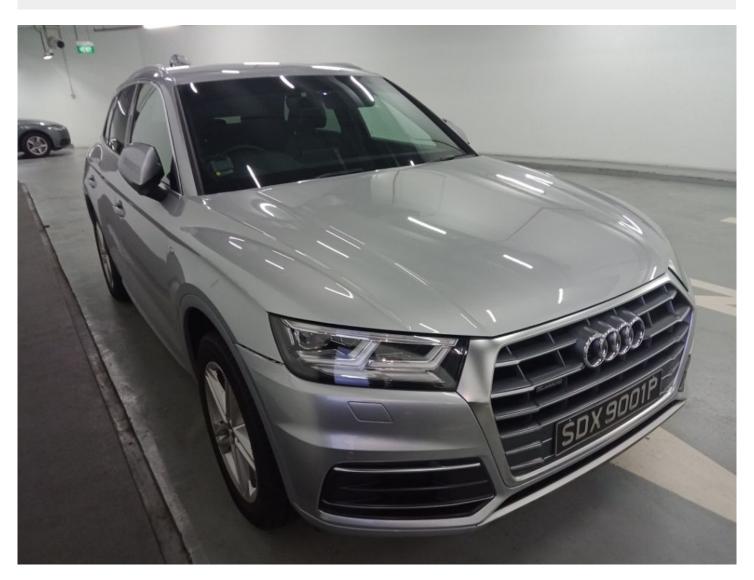
11.00 an

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

Reporting Centre Perdicare Signature
Name: Knymind Ting Sig Villi
NRIC/FIN No.: GXXXXIVOX

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	Parting to	45
	741 10119 701	
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	4-2	
Parking Lo	ots as p	arking bots
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
Puse refer	to report no :- T/	20201228/2106
DECLARATION /We declare the foregoing particular	rs are true in every respect.	AWAR .
Sh-		
folicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 19/11/120	(If driver is not the policyholder) Date & Time:	Name: Paymend Ting Sing NRIC/FIN No. 4xxxx labox

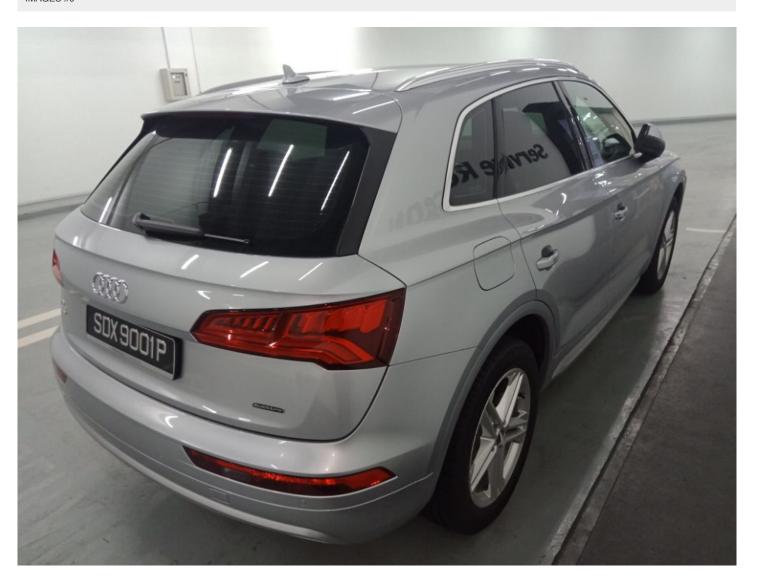




































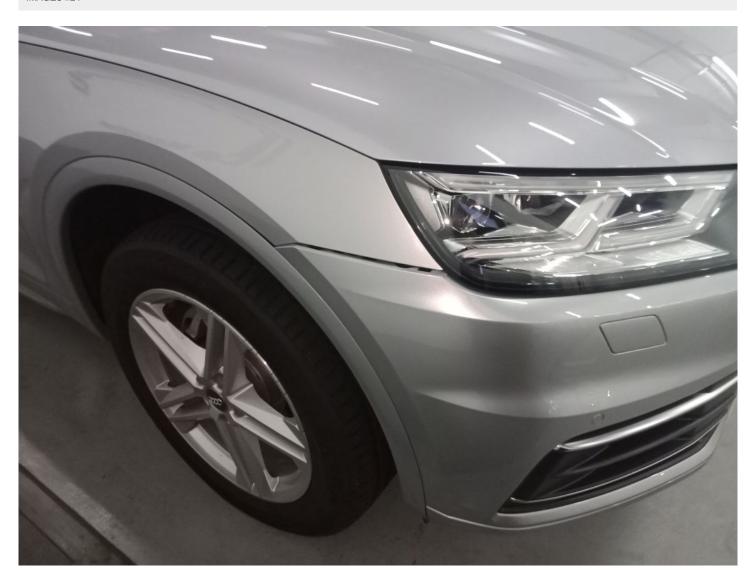










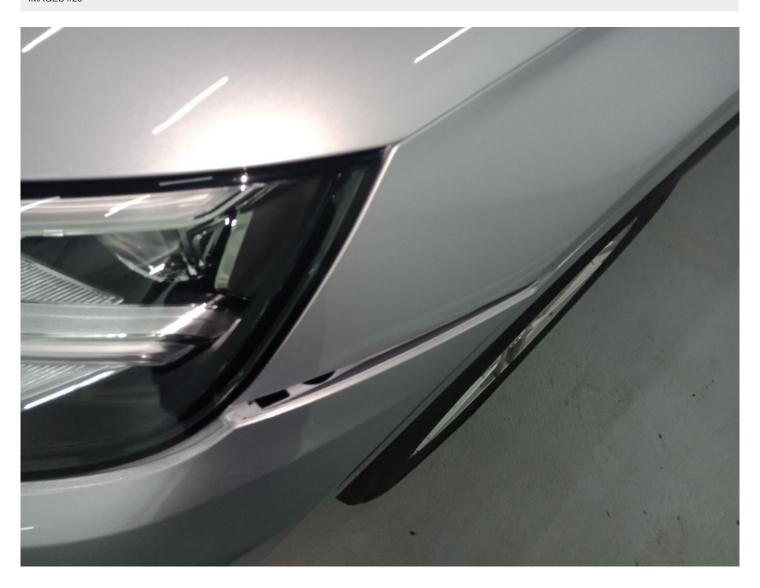






























Informant's Particulars Name of Informant: HALIMSHAH BIN RASHID ID Type / ID No.: NRIC NO / S6906547C Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 51 12/03/1969 Coupation: WHOLESALER Seneral Information of the Accident Type of Accident: No 28/12/2020 10:45 Location: YISHUN WALK		
Name of Informant: HALIMSHAH BIN RASHID Address: APT BLK 683D WOODLANDS DRIVE 62 #05-14: SINGAPORE 734683 Contact No.: Home/Office: Mobile: 98783311 Nationality: SINGAPORE CITIZEN Sex: Age: Date of Birth: Male 51 12/03/1969 Race: Language: Institution / School English Occupation: WHOLESALER Ceneral Information of the Accident Type of Accident: Type of Accident: No 28/12/2020 10:45		
NRIC NO / S6906547C Home/Office: Mobile: 98783311 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Vehicle Owner Race: Language: Language: Institution / School Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry: WHOLESALER Ceneral Information of the Accident Type of Accident: No Driving Driving Date/Time of Accident: No 28/12/2020 10:45 Location: YISHUN WALK		
SINGAPORE CITIZEN Sex: Age: Date of Birth: Vehicle Owner Race: Language: English Occupation: WHOLESALER Class: 2B,2A,3,4 Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry: Constal Information of the Accident Type of Accident: No Drive: Accident: No 28/12/2020 10:45 Location: YISHUN WALK	Name:	
Male 51 12/03/1969 Vehicle Owner Race: Malay English Occupation: WHOLESALER Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry: General Information of the Accident Type of Accident: No 28/12/2020 10:45 Vehicle Owner Institution / School Instituti	l Name:	
Race: Malay Occupation: WHOLESALER Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry: General Information of the Accident Type of Accident: Accident: Location: YISHUN WALK Language: English Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry: Drink Drive: Accident: No 28/12/2020 10:45	Name:	
Occupation: WHOLESALER Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry: Class: 2B,2A,3,4 Date of Expiry: Drink Drive: Accident: No Drive: Accident: No 28/12/2020 10:45		
General Information of the Accident Type of Accident: Location: VISHUN WALK Drink Date/Time of Typ Accident: No 28/12/2020 10:45	of Evening	
	Park	
Weather: Road Surface: Road Spe	Road Speed Limit:	
Traffic Flow: Traffic Control: Traffic Vo One Way Not Controlled No Traffic	Traffic Volume: No Traffic	
	Anyone conveyed by ambulance: No	
Details of Vehicle Involved	HIND RES	
Voh le No. Type Make Model Color Condition No SDX9001P Car AUDI Q5 Silver Seriously 0	of Passange	
Damaged		
Details of Person Involved		





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 2 of 3 Report No. T/2029/1228/2106

CONTINUATION OF REPORT

Vehicle Owner	No. of the Section of				A Park	
Name	HALIMSHAH BIN F	RASHID		ID No		S6906547C
Related Vehicle	SDX9001P (Car)	1000		Conta	ct No.	98783311
Hospital/Clinic	NIL			Class Drivin Licen Expiry	9	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Comments.	Date Disc	charge	NIL	A SHARE STATE
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 28/12/2020, I parked my vehicle at Home Team NS Khatib carpark around 1020hrs. At around 1210hrs, I came back to my vehicle only to realise that my front bumper was damaged. The front bumper came loss. However, there was a note left on my vehicle windscreen from the person who knocked my car, saying that he was very sorry for the accident. He then left me his contact number 97771976 and 90052204 and identified himself as Tan and I have also informed my insurance company about this already and they told me to lodge a police report about it. I also contacted Tan and he said his wife was the one driving it and he provided me his vehicle Mitsubishi Eclipse Cross with Registration No. SLZ9932Y.

From my in-car camera, there was a video of a car driving past my parked car and scrapped my front bumper. After that it showed a lady coming over to my vehicle to place the note on my windscreen. Therefore, I am here to lodge a police report for insurance claim purpose.





Police Station Of Origin: Yishun North N.P.C 31 Yishun Central SINGAPORE 768827 Tel No: 1800-8529999 3 of 3 Report No. T/20201228/2106

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 Th	ne Report:	Signature Of Informant:
Signature Of Interpreter: Not applicable	//	Date/Time: 28/12/2020 17:43
•		
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151		Classification Of Case:
Authentication Stamp NP168	Signate	fre: //
	Singapore Poli	ce Force