

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 | 13/04/2021 13:04 (SGT) |
| Date of Accident | 12/04/2021 18:15 (SGT) |
| Exact Location of Accident | 203 Marsiling Dr, Singapore 730203 |
| Additional Location Information | OPEN CARPARK |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SGY3471P |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | No |
| Name Of Registered Owner | ASNAH BINTE MASOTEE |
| NRIC No | SXXXX539G |
| Email Address | FANDYOSMAN@HOTMAIL.COM |
| Mobile Phone No | (Phone) +65-92739144 |
| Alternative Phone No | (Home) +65-92739144 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Kia |
| Model | Carens |
| 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 |
| Transmission | Auto |
| CC | 1998 |

INSURANCE COMPANY

| | |
|---------------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | 5094547471 |
| Cover Note Number | - |

DRIVER

| | |
|----------------------|--------------------|
| Name of Driver | OSMAN BIN MOHAMMED |
| NRIC No | SXXXX685D |

| | |
|--|---------------------------------|
| Date Of Birth | 28/11/1966 |
| Occupation | Outdoor |
| Date Of Driving Pass | 29/01/2001 |
| Driving experience | 20 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92739144 |
| Alt. Phone Number | - |
| Email Address | FANDYOSMAN@HOTMAIL.COM |
| Address | BLK 201 MARSILING DRIVE #04-120 |
| Address complement | - |
| Postcode | 730201 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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? | No |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER STATEMENT.

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 | YP3617X |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods vehicle |
| Name of Driver | MUHAMMED RASID BIN ABDUL ALIM |
| Contact Number | (Phone) +65-93710414 |
| Address | - |
| Address complement | - |

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

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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:

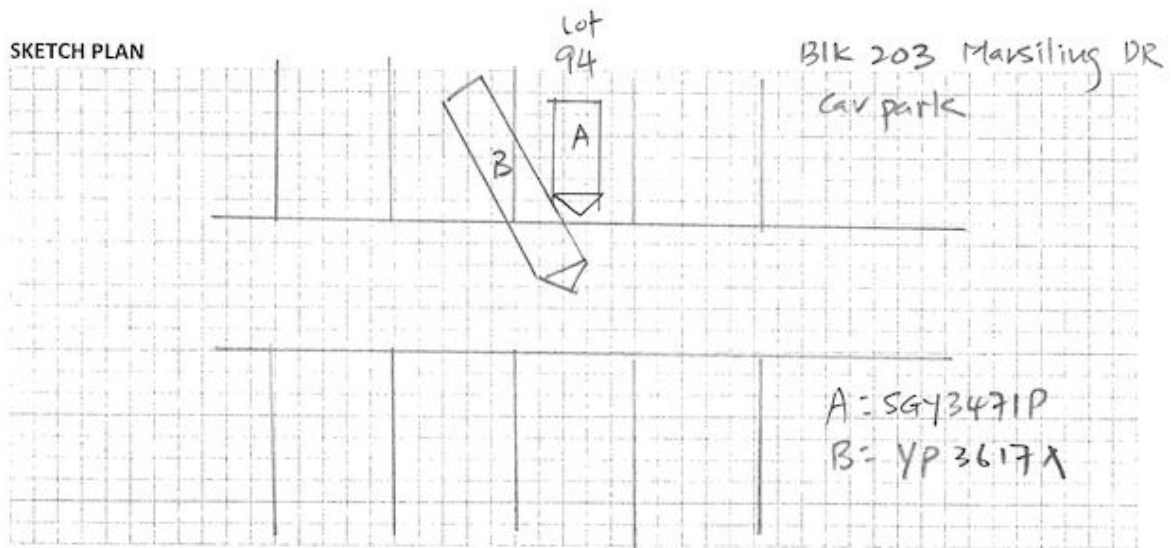
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/21

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





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached statement.

DECLARATION

I/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: 13/4/21

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



Statement Report

At about 6.15pm on the 12th of April 2021, we found that the right side of our car was damaged. The damage included a dent and scratch on the right front exterior casing, the glass casing for the lights were broken, the right headlight was dangling, the right mirror was curved forward with the glass broken. Our car has been parked there since 10.30pm, the night before which is on the 11th April 2021.

It seemed like a vehicle was trying to move out of the parking lot and turned left as tire marks can be seen on the ground, beside where our car was damaged. We called the police at 6.30pm and was redirected towards the Traffic Police Officer which arrived at the scene at 7pm. After being questioned by the Traffic Police Officer, named Aliff Azmi, a guy in a blue shirt and long pants with slippers came by and admitted that he was the one that damaged the car. He stated that his name is Rasid. Rasid claimed that he did not know that he had hit our car and therefore, just drove off with his lorry and back to his warehouse. The Traffic Police Officer took note of his name and personal details. The Officer allowed us to settle the case on our own terms. Both parties agreed to settle through insurance.

Victim Details:

Name: Osman Bin Mohammed
Contact Number: 9273 9144

DRIVER SQY 3471P CAR

Lorry Driver's Details:

Name: Muhammad Rasid Bin Abdul Alim
Contact Number: 9371 0414

DRIVER

1P 3617X LORRY

Aliff
13/4/21







