# **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.

- 4. The issue and acceptance of this is form by instrained 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 03/05/2021 11:49 (SGT) Date of Accident 30/04/2021 14:43 (SGT) Exact Location of Accident 2 Tampines Ave 3, Singapore 529706 Additional Location Information ST.HILDA'S PRIMARY SCHOOL Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

1390

Vehicle Registration Number SJF1138F

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ROHAYAH BINTE YA'ACUBA NRIC No. SXXXX656Z Email Address rroxyangel@gotmail.com Mobile Phone No (Phone) +65-96875400 Alternative Phone No +65-96875400

#### VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf 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

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5119336583 Cover Note Number

#### DRIVER

Name of Driver ROHAYAH BINTE YA'ACUBA NRIC No. SXXXX656Z

Date Of Birth 18/06/1974 Occupation Indoor Date Of Driving Pass 02/01/1999 Driving experience 22 YEARS AND 3 MONTHS Gender Female Mobile Number (Phone) +65-96875400 Alt. Phone Number +65-96875400 Email Address rroxyangel@gotmail.com Address 83 ANCHORVALE CRESCENT Address complement #01-28 Postcode 544626 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 Collided into Parked Vehicle 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? 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? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Sengkang Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003438999 Alt. Police Station Phone No (Fax) +65-63438939 Police Station Address 2 Sengkang Square #01-02 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident WITH OWNER Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **GBE8528S** 

Toyota

# CAccident report SS1721530002

Vehicle Manufacturer

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category Name of Driver NRIC No	Commercial vehicle NG GEOK YUE SXXXX928Z
Contact Number	(Phone) +65-96725101
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

# SICETCH PLAN

# IMPORTANT NOTICE

- 1. Please report garractly the datalis of the accident to speed up the claims process.
- 2. This Form must be completed by the Policipolder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 incurers, 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 insurence 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:
  - processing, handling and/or dealing with my claims including the sattlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my dalms;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (Iv) administering my daims (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/faw 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.
- (a) the information so collected under (d) above may be shared / disclosed:
  - to all insurers end/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, requisitors, 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:

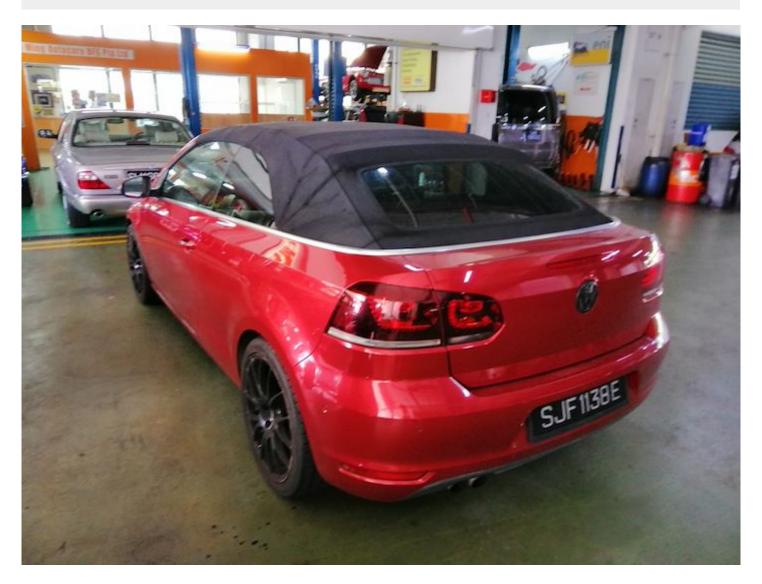
Oriver's Signature (if driver is not the policyholder)

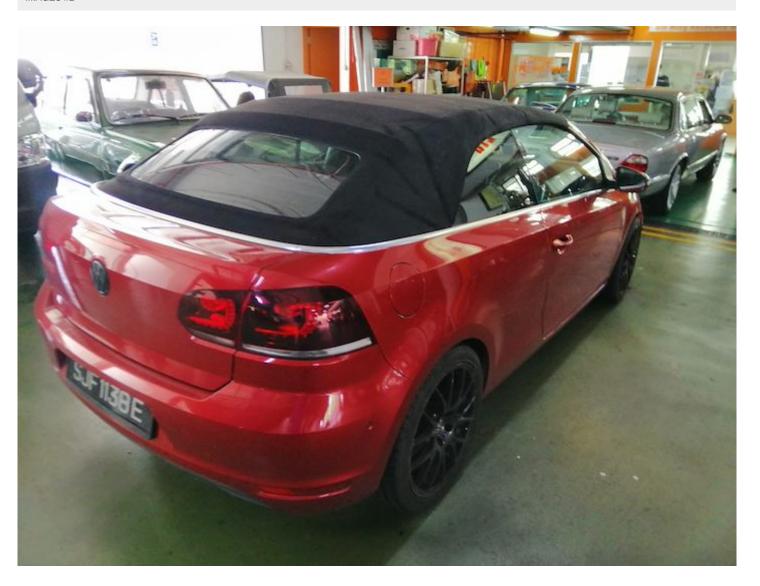
Dess & Time:

Reporting Centre Personnel's Signature Hathe:

MRIC/FIN House

SKETCH PLAIN	T
	From this carpanic lot
	Reverset
SCHOOL	(to parked front frist)
CARMARK	
TO TALBO	
	He hit my car Front right side
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
Please refer to police report, Report.	No: F/20210502/2042
	*
	****
	The state of the s
CLARATION Ve declare the foregoing particulars are true in every respect.	enes .
ve declare the to regoing particulars are true in every respect.  M1 3 5 21	
licyholder's Signature Driver's Signature (if driver is not the policyholder)	Reporting Centre Personne Salasture Name:





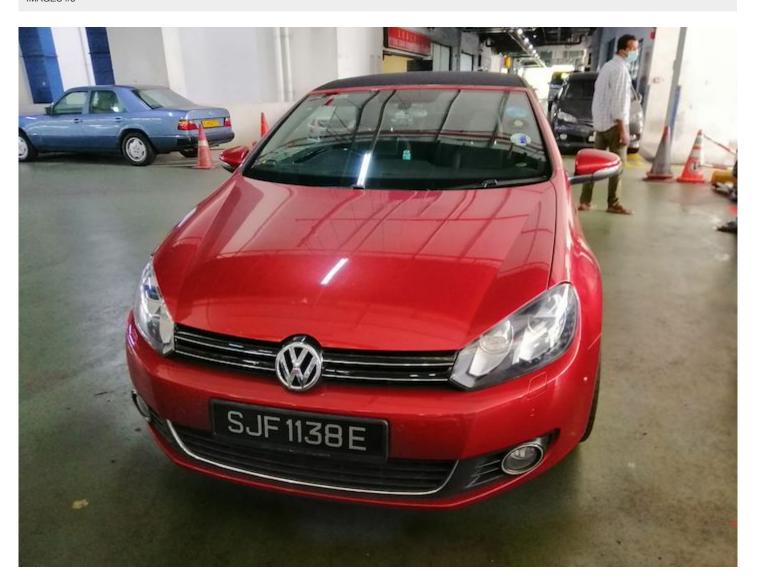






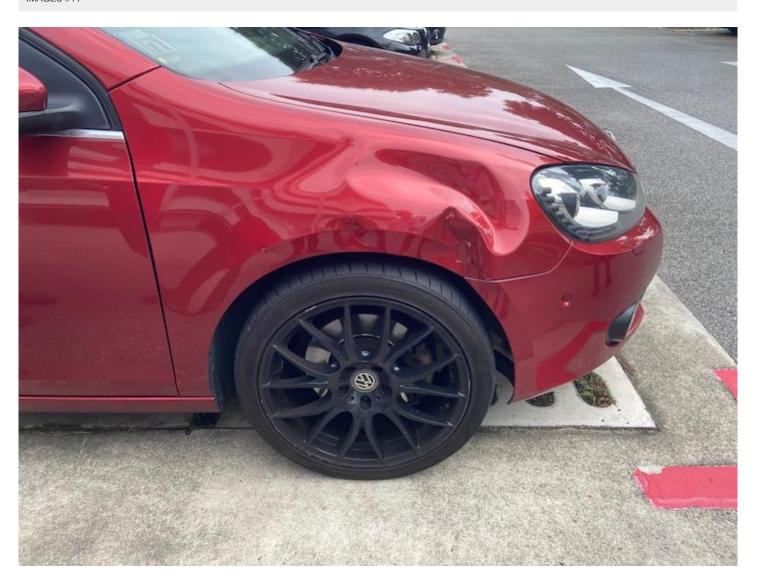
















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Report No. F/20210502/2042

## POLICE REPORT (NP299)

Police Station Of Origin Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

Tel No: 1800-343 8999

Date/Time Report Made 02/05/2021 14:34	Vide Report No.			Station Diary No. 48
Name Of Informant	Address			
ROHAYAH BINTE YA'ACUB	83 ANCHORVALE CRESCENT #01-28 SINGAPORE 544626			
ID Type / ID No. NRIC NO / S7419656Z	Contact No. Home/Office Mobile 96875400			
Nationality SINGAPORE CITIZEN	Email Address			
Occupation	Sex	Age	Date of Birth	Race
Primary school teacher	Female	46	18/06/1974	Boyanese
Institution/School Name	Language			
Date/Time Of Incident 30/04/2021 14:20	Location Of Incident 2 TAMPINES AVENUE 3 SAINT HILDA'S PRIMARY SCHOOL SINGAPORE 529706 Carpark compound			

### Brief details.

On 30/04/21, at about 0630hrs, I had parked my car bearing plate number SJF1138E at my working place located at Saint Hilda's Primary school located at 2 Tampines Ave 3.

At about 1515hrs, I received a call from the mentioned school office informing that a parent had witness a collision between a lorry bearing plate number SBE8528S and my vehicle and subsequently drive off.

Senokano NPC

Also T	2 Sengkang Square
Signature Of Officer Recording The Report:	#01-02 \$(545025) Tel: 108090000000000000000000000000000000000
F / Sgt 3 NOR'AISAH BINTE MOHD PERDAUS	Myr
Signature Of Interpreter: Not applicable	Date/Time: 1 02/05/2021 14:34
Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 3 TAY JIAN LONG Contact No.: 63438918	Classification Of Case:

CACcident report SS1721530002

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210502/2042

The school operation manager managed to retrieve the school carpark CCTV. Footage revealed at 1443hrs, the mentioned lorry who was parked head-in at a visitor lot opposite my vehicle had reverse his vehicle. Subsequently, his rear vehicle had collided onto my right side of the vehicle. He had then left the incident location.

The school managed to rectify that the lorry belongs to a company namely Maginet Plumbing Contractor PTE LTD and further contacted the company in regards. The driver came back to the school at about 1600hrs to be question in regards. Driver (Ng Geok Yue, HP:S1214928Z) claimed that he did not acknowledged the collision. However, after several questions, he then admitted on colliding into my vehicle and left.

I had spoke to the driver boss namely Sandy Pang(sales excecutive,hp:94385965) who had asked me to claim from the company and further gave me the vehicle insurance information to settle the matter and claims with them.

I do not wish to pursue the matter. I am however lodging a report for record purposes

Signature Of Officer Recording The Report:

F / Sgt 3 NOR'AISAH BINTE MOHD PERDAUS

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 3 TAY JIAN LONG Contact No.: 63438918

Authentication Stamp

Signature Of Informant:

Date/Time: 02/05/2021 14:34

Classification Of Case:

