

# 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 .....	04/06/2021 17:58 (SGT)
Date of Accident .....	04/06/2021 00:53 (SGT)
Exact Location of Accident .....	2 Marina Blvd, Singapore 018987
Additional Location Information .....	The Sail @ Marina Bay, 2 Marina Boulevard. (S)018987 Carpark LEVEL 3
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMV6314K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SATAR ABDUL KADIR
Passport No/FIN .....	GXXXXX395M
Email Address .....	kadir.satar@gmail.com
Mobile Phone No .....	(Phone) +65-91306865
Alternative Phone No .....	+65-91306865

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C200
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 .....	1991

### INSURANCE COMPANY

Name of Insurance Company .....	Aviva Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	11037937
Cover Note Number .....	NA

### DRIVER

Name of Driver .....	SATAR ABDUL KADIR
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Passport No/FIN .....	GXXXX395M
Date Of Birth .....	24/11/1976
Occupation .....	Indoor
Date Of Driving Pass .....	02/03/2020
Driving experience .....	1 YEAR AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91306865
Alt. Phone Number .....	+65-91306865
Email Address .....	kadir.satar@gmail.com
Address .....	The Sail @ Marina Bay, 2 Marina Boulevard. (S)018987
Address complement .....	#53-07
Postcode .....	018987
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 .....	Marina Bay Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002229999
Alt. Police Station Phone No .....	(Fax) +65-64359276
Police Station Address .....	No 70 Marina View Singapore 018962
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 04/06/2021 AT ABOUT 0600 HRS,I WOKE UP TO A TEXT FROM MY NEIGHBOR INFORMING ME THAT MY CAR HAS BEEN DAMAGED OVERNIGHT AT ABOUT 0200HRS.I MADE A CHECK WITH MY CONDOMINIUM SECURITY WHO INFORMED ME TO CHECK WITH MY CONDOMINIUM MANAGEMENT.MY CONDOMINIUM MANAGEMENT(65090970)THEN INFORMED ME THAT THEY RETRIEVE CCTV FOOTAGE OF THE INCIDENT THAT TOOK PLACE AT AROUND 0100 HRS,AND THEY MANAGED TO IDENTIFY THE CARPLATE NUMBER OF THE VEHICLE DAMAGED MY CAR.HOWEVER , I WOULD NEED TO MAKE A POLICE REPORT IN ORDER FOR THEM TO DISCLOSE THE CCTV AND ANY OTHER IN FORMATION TO ME.I AM THUS LODGING THIS REPORT FOR MY INSURANCE PURPOSES.

MY CAR SUSTAINED THE FOLLOWING DAMAGES:

- 1)SCRATCHES AND CRACKS ON MY FRONT LEFT BUMPER.
- 2)DAMAGES TO THE FRONT OF THE CAR,WITH CAR PLATE BROKEN OFF.

MY CAR IS A BLACK COLORED MERCEDES C CLASS C200 COUPER AMG,WITH CARPLATE:SMV6314K.MY CAR WAS PARKED AT THE LEVEL 3 RESIDENT CARPARK AT ABOUT 1400HRS ON 03/06/2021,AND WAS NOT MOVED FROM THE PARKING LOT UNTIL THE INCIDENT HAPPENED.

#### 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 .....	UPLOADED INTO AVIVA FILEZILLA.
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	UNKNOWN
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.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
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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:

04062021

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

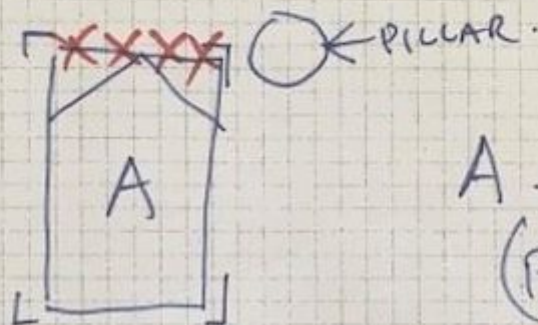
**VERIFY BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH**

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

ACCIDENT DIAGRAM

Ver. 30042021

2 MARINA BLVD.  
THE SAIL  
MSCP LEVEL 3.



A - SMV6314K  
(PARKED)

HIT & RUN.

*[Signature]*

Policyholder's Signature  
Date & Time:

4/6/21.

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
MOHAMMAD AZALY BIN ABDULLAH

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

..



















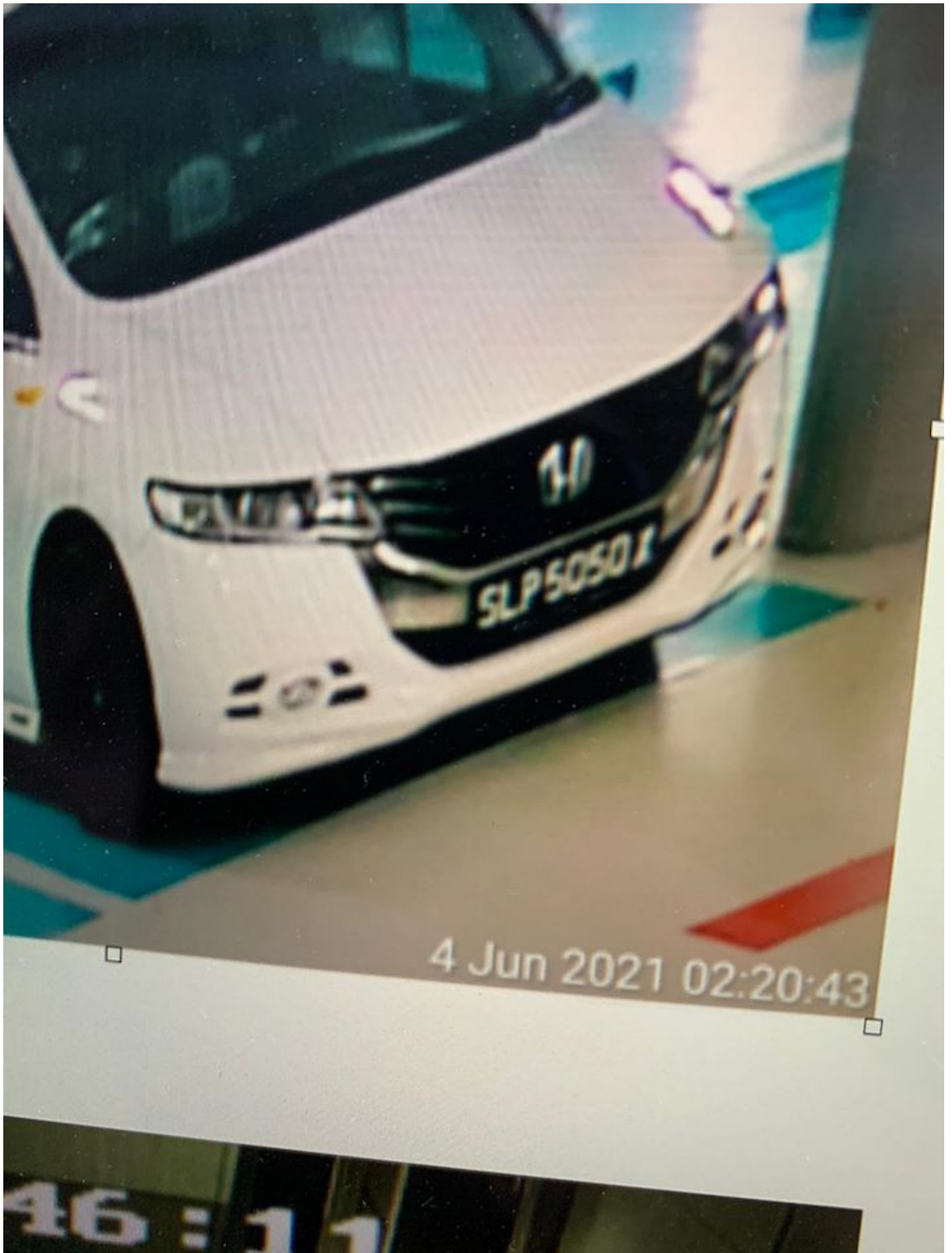





















**SINGAPORE  
POLICE FORCE**


A/20210604/2011

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**POLICE REPORT (NP299)**

Report No. A/20210604/2011

Police Station Of Origin  
Marina Bay N.P.C  
70 Marina View SINGAPORE 018962  
Tel No. 1800-2229999

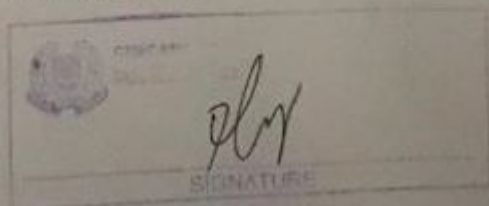
Date/Time Report Made 04/06/2021 10:03	Vide Report No.	Station Diary No. 8
Name Of Informant SATAR ABDUL KADIR	Address 2 MARINA BOULEVARD #53-07 SINGAPORE 018987	
ID Type / ID No. FIN NO / G5467395M	Contact No. Home/Office	Mobile 91306865
Nationality SWISS	Email Address	
Occupation PRIVATE BANKER	Sex Male	Age 44
Institution/School Name	Date of Birth 24/11/1976	Race Caucasian
Date/Time Of Incident 04/06/2021 01:00	Location Of Incident 2 MARINA BOULEVARD THE SAIL @ MARINA BAY SINGAPORE 018987 Lvl 3 Resident Carpark	

**Brief details.**

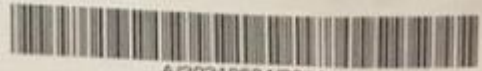
On the 04/06/2021 at about 0600hrs, I woke up to a text from my neighbor informing me that my car has been damaged overnight at about 0200hrs. I made a check with my condominium security who informed me to check with my Condominium management. My Condominium management (65090970) then informed me that they managed to retrieve CCTV Footage of the incident that took place at around 0100hrs, and they managed to identify the carplate number of the vehicle that damaged my car. However, I would need to make a police report in order for them to disclose the CCTV and any other

Signature Of Officer Recording The Report: A / Sgt 2 RYAN LEMUEL YONG ZHI YING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2021 10:03
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Sgt 3 LIM TING AN Contact No.: 65575327	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**

A/20210604/2011

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210604/2011

information to me. I am thus lodging this report for my insurance purposes.

My car sustained the following damages:

- 1) Scratches and cracks on my front left bumper.
- 2) Damages to the front of the car, with car plate broken off.

My Car is a black colored Mercedes C Class C200 Couper Amg, with carplate : SMV6314K. My car was parked at the level 3 Resident carpark at about 1400hrs on 03/06/2021, and was not moved from the parking lot until the incident happened.

Signature Of Officer Recording The Report:

A / Sgt 2 RYAN LEMUEL YONG ZHI YING

Signature Of Interpreter:  
Not applicableOfficer In-Charge Of Case:  
A / Central Police Divisional Investigation Branch /  
Sgt 3 LIM TING AN  
Contact No.: 65575327

Authentication Stamp

SINGAPORE  
POLICE FORCE

Signature Of Informant:

Date/Time:  
04/06/2021 10:03

Classification Of Case:



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA0A21640005-01 Vehicle Registration No: SMV6314K  
Name(as shown in NRIC) : SATAR ABDUL KADIR NRIC/FIN/Passport No : GXXXX395M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 91306865  
Email Address : \_\_\_\_\_  
Date of Accident : 04/06/2021 Time of Accident : 01:00  
Place of Accident : The Sail @ Marina Bay, 2 Marina Boulevard. (S)018987 Carpark LEVEL 3  
Insurance Company : Aviva Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. ATTACH ACCIDENT VIDEOS.
2. ATTACH ACCIDENT PICTURES.
3. AMEND THE ACCIDENT TIME.

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: MEERA  
NRIC/FIN No.:  
Date: 06/06/2021