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.

 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 07/06/2021 17:21 (SGT) Date of Accident 05/06/2021 17:39 (SGT) Exact Location of Accident Singapore Additional Location Information 53 TEBAN GARDEN ROAD OPEN SPACE CARPARK LOT 190 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5343Y

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AAS TRADING & TRANSPORT SERVICES Company Reg No 53217467D Email Address KUSAINEESUBAR@GMAIL.COM Mobile Phone No (Phone) +65-82014376 Alternative Phone No +65-82014376

VEHICLE PARTICULARS

Manufacturer Toyota Model Hiace Variant Exact purpose for which vehicle was being used at time of Employment accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Commercial vehicle Transmission Auto CC 85

INSURANCE COMPANY

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

DRIVER

Name of Driver KUSAINEE BIN SUBAR NRIC No. S7642022Z

Date Of Birth 22/12/1976 Occupation Outdoor Date Of Driving Pass 11/09/2013 Driving experience 7 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-82014376 Alt. Phone Number Email Address KUSAINEESUBAR@GMAIL.COM Address BLK 53 TEBAN GARDEN ROAD #13-603 Address complement Postcode 600053 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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? Nο 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? Police Station Name Hong Kah South Neighbourhood Police Post Police Station Phone No (Phone) +65-18005648999 Alt. Police Station Phone No (Fax) +65-66655797 Police Station Address Blk 510 Jurong West Street 52 #01-90 Singapore 640510 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT ATTACHMENT(S) Are accident photos available for attachment? Nο Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SHD2502P Vehicle Manufacturer Vehicle Model

Taxi

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver	UNKNOWN
Contact Number	(Phone) +65-93211742
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

WITNESS DETAILS

WITNESS 1

Name ZUL

Phone (Phone) +65-90674052

Email

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wiful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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.
- B. 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 precess 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); who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Issueers"), the Insurer's Javyers/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 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

Driver's Signature (If driver is not the policyholder) Date & Time: 7/6/21 1700

nnel's Signature Name: HORY DA Name: \$100 592 334

	A: PC5.343Y
	в. SHO 1502p
	Telan Gordin
	Den spee La Mo
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT Refer to Police report
	V VIII VIII
DECLARATION UWe declare the foregoing partic	ulars are true in every respect.











POLICE REPORT (NP299)

Police Station Of Origin Hong Kah South NPP 510 Jurong West Street 52 #01-90 SINGAPORE 640510 Tel No: 1800-5648999



Report No. J/20210606/2049

Date/Time Report Made 06/06/2021 17:42	Vide Report No	0.	Station Diary No 20
Name Of Informant KUSAINEE BIN SUBAR	Address APT BLK 53 TEBAN GARDENS ROAD #13-603 SINGAPORE 600053		
ID Type / ID No. NRIC NO / S7642022Z	Contact No. Home/Office	Mobile 82014376	
Nationality SINGAPORE CITIZEN	Email Address		
Occupation PRIVATE BUS DRIVER Institution/School Name	Sex Age	Date of Bir 22/12/1976	
Date/Time Of Incident 04/06/2021 18:00 - 06/06/2021 16:00	Language Location Of Incident 53 TEBAN GARDENS ROAD HDB-JURONG EAST SINGAPORE 600053 open-space carpark		

Brief details.

On the 04/06/2021 at about 1800hrs, I parked my vehicle, PC5343Y at lot 190 at Block 53 Teban Gardens Road Open-Space Carpark and everything was intact.

On the 06/06/2021 at about 1600hrs, I discovered that my vehicle's front driver side was dented, the front bumper was dislodged and the position of the vehicle was slightly slanted to the left. I then discovered

Signature Of Officer Recording The Report:	Signature Of Informant:
J / Sgt 3 TAN GUAN POH	+ Dui
Signature Of Interpreter: Not applicable	Date/Time: 06/06/2021 17:42
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SI MOHAMMAD NUR AZMI BIN KARIM Contact No.: 62664351	Classification Of Case:

Authentication Stamp

SN 125 Singapore Police Force





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20210606/2049

that there are 02 notes left on the windscreen on my vehicle.

01 of the note consists of a contact number (93211742) of the driver that knocked onto my vehicle and another note consists of the witness that witnessed the whole incident.

I tried to contact the driver that knocked onto my vehicle however so far still to no avail. I then contacted the witness and he informed that the vehicle that knocked onto my vehicle is SHD2502P and the witness contact number is 90674052. The said witness also has the footage of the accident.

According to the footage, the accident happened on the 05/06/2021 at about 1739hrs.

Till now I am unable to contact the driver who knocked onto my vehicle. I am making this report for insurance purposes first.

Signature Of Officer Recording The Report:

J / Sgt 3 TAN GUAN POH

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / SI MOHAMMAD NUR AZMI BIN KARIM Contact No.: 62664351

Authentication Stamp

Signature Of Informant:

Date/Time: 06/06/2021 17:42

SN 125

Classification Of Case:

Singapore Police Force