

## 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 as resaid.

### ACCIDENT STATEMENT

Date of Submission	21/06/2021 16:15 (SGT)
Date of Accident	18/06/2021 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Little School House Republic Poly Campus
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV2897G
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YAN JINHUI
NRIC No	SXXXX153B
Email Address	saw@sscontract.com.sg
Mobile Phone No	(Phone) +65-98564452
Alternative Phone No	+65-98564452

### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1339

### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116459098-01
	(CLASSIC)
Cover Note Number	-

### DRIVER

Name of Driver	SAW THIHA TUN
Passport No/FIN	GXXXX388Q
Date Of Birth	23/08/1984
Occupation	Indoor
Date Of Driving Pass	23/09/2014
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98564452
Alt. Phone Number	-
Email Address	saw@ssccontract.com.sg
Address	BLK 809 WOODLANDS STREET 81 #06-181
Address complement	-
Postcode	730809
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

#### 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	SMR3532M
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

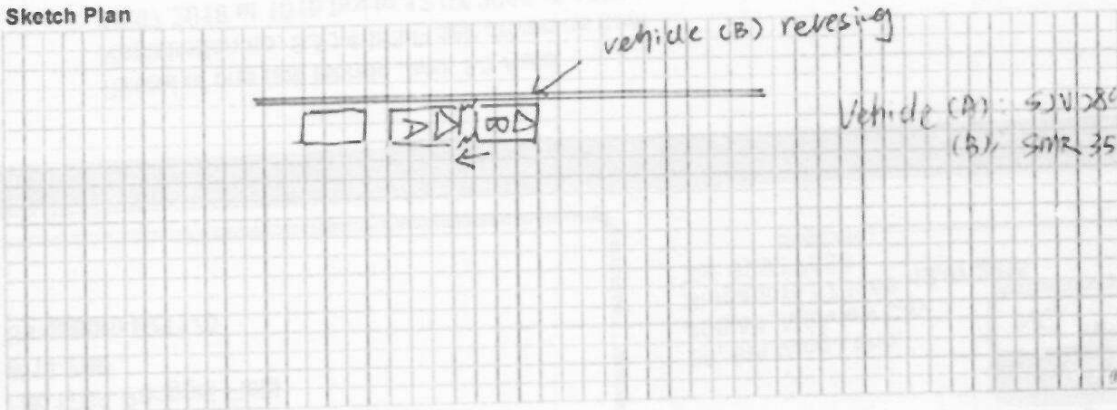
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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. 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.
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.
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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

IDAC SIN MING (VICOM LTD)  
385 SIN MING DRIVE S(575718)  
Witnessed by Reporting Centre Personnel

## Sketch Plan



**Describe Circumstances of the Accident**

I have temporarily parked at car to fetch the baby from school. while I walked over around a few minutes to school entrance one person who was parking behind my car informed me as he had noticed and heard the hit sound when my in front vehicle was reversing. He asked me to go and check my car immediately before the car, SMR 3532M driven away. I quickly checked the car and noticed that in front bumper got damaged but SMR 3532M drove away without informing me.

I have camora record while I am parking behind SMR 3532M but my dashcam turnoff when engine off.

**Declaration**

We declare the foregoing particulars are true in every respect

Jimhi  
Policyholder's Signature / Date & Time

[Signature]  
Driver's Signature (If driver is not the policyholder) / Date & Time

IDAC SIN MING(VICOM LTD)  
385 SIN MING DRIVE S(575718)  
Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210621/7002

1 of 3

Report No. T/20210621/7002

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 85470000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/06/2021 10:22	Vice Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: SAW THHA TUN			Address:		
ID Type / ID No.: FIN NO / GC735388Q			Contact No.: Home/Office: Mobile: 98564452		
Nationality: MYANMAR			Email: SYSCARE.GREENPEACE@GMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 23/08/1984	Type of Informant: Driver		
Race: Others			Language: English		Institution / School Name:
Occupation: Project Manager			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/06/2021 17:45	Type of Location: Side Road at the car park
Location: WOODLANDS AVENUE 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Other party SMR3532M reversing				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJV2897G	Car	HONDA	JAZZ	White		0
SMR3532M	Car			Black		0



**SINGAPORE  
POLICE FORCE**



T/20210621/7002

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20210621/7002

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SAW THIIA TUN	ID No.	G0735386Q
Related Vehicle	SJV2897C (Car)	Contact No.	98584452
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I have temporarily parked at car to fetch the baby from school. While I walked over around a few minutes to school entrance, one person who was parking behind my car informed me as he had noticed and heard the hit sound when my in front vehicle was reversing. He asked me to go and check my car immediately before the car, SMR3532M driveway. I quickly checked the car and noticed that in front bumper got damaged but SMR3532M drove away without informing me.

I have camera record while I am parking behind SMR3532M but my dash cam turn off when engine off.



SINGAPORE  
POLICE FORCE



T/20210621/7002

3 of 3

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210621/7002

## CONTINUATION OF REPORT

## Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
STEPHANIE CHEUNG TSZ YING  
Contact No. 96208032

Authentication Stamp  
NP163

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
21/06/2021 10:22

Classification Of Case: