

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 to the Insurance Claims 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 on application by interested parties.
7. By the lodgement of this report to the insurers, you have given 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	15/09/2021 16:07 (SGT)
Date of Accident	15/09/2021 12:47 (SGT)
Exact Location of Accident	201 Chestnut Ave, Singapore 679525
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJY5154G

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMAD HAFIS BIN MOHAMED ALIFI
NRIC No	S8733844D
Email Address	MD.HAFISMONGSTER@GMAIL.COM
Mobile Phone No	(Phone) +65-92769021
Alternative Phone No	+65-92769021

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Alphard
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	2500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5121991727
Cover Note Number	29/04/2021 - 28/04/2022

DRIVER

Name of Driver	MOHAMAD HAFIS BIN MOHAMED ALIFI
NRIC No	S8733844D



Date Of Birth	27/10/1987
Occupation	Indoor
Date Of Driving Pass	11/01/2008
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92769021
Alt. Phone Number	+65-92769021
Email Address	MD.HAFISMONGSTER@GMAIL.COM
Address	BLK 415B NORTSHORE DRIVE #03-559
Address complement	-
Postcode	822415
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 vehicle 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

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	FILE SIZE TOO LARGE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM8741C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	BORHAN
Contact Number	(Phone) +65-91816811
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR RIGHT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

NHT Income Motor Service Centre

Report No: M1

DOA

Vehicle No

Make / Model

Report Date

Start Time

Reporting Type

End Time

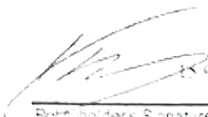
SKETCH PLAN**IMPORTANT NOTICE**

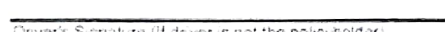
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

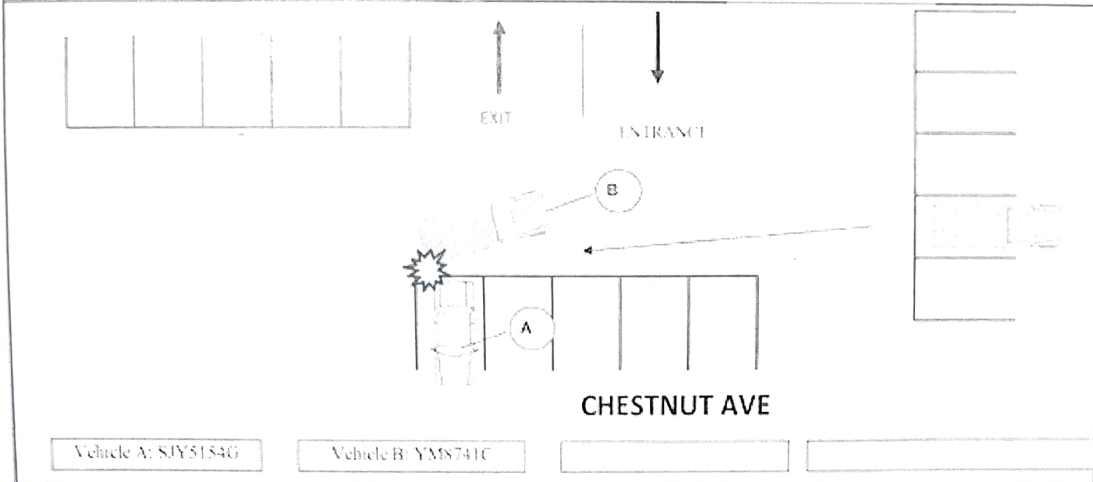
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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 reasonable required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders.


 Policyholder's Signature
 Date & Time: 15/9/2021 15:59


 Driver's Signature (if driver is not the policyholder)
 Date & Time: 15/9/2021 15:59


 Reporting Centre Personnel's Signature
 Name: Chen JunLiang
 NRIC/Fin No: S990765


SKETCH PLAN




MY VEHICLE WAS PARKED HEAD-IN INTO ONE CARPARK LOT. EVERYTHING WAS FINE AND IN FACT WHEN I LEFT AND LOCKED MY VEHICLE. AS I RETURNED TO MY VEHICLE AND WAS AT A NEARBY WASHING BAY TO CLEAN UP MY BICYCLE, I SAW THAT VEHICLE B WAS REVERSING OUT FROM HIS CARPARK LOT. AS VEHICLE B DRIVER WAS MAKING A LEFT TURN TO EXIT OUT, VEHICLE B REAR RIGHT PORTION HIT ONTO MY PARKED VEHICLE REAR PORTION. NO ONE WAS INJURED.

DECLARATION

(We declare the foregoing particulars are true in every respect)


15/9/2021 15:50
Police Officer's Signature
Date & Time


15/9/2021 15:50
Driver's Signature (If driver not the policyholder)
Date & Time


Reporting Police Officer's Signature
Name: Chen Juekang
NRIC/FIN No: 8900743