

# 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 .....	15/09/2021 11:12 (SGT)
Date of Accident .....	14/09/2021 17:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	POTONG PASIR AVENUE 1
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLC7283X
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	WAKMAN
- .....	53335808J
Email Address .....	KHAIRULFL350@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91458205
Alternative Phone No .....	+65-91458205

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Forte
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 hire
Transmission .....	Auto
CC .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5109410269-02
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MUHAMMAD KHAIRUL BIN MOHAMED RANI
NRIC No .....	S9006133Z

Date Of Birth .....	27/02/1990
Occupation .....	Indoor
Date Of Driving Pass .....	06/08/2009
Driving experience .....	12 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-91458205
Alt. Phone Number .....	-
Email Address .....	KHAIRULFL350@GMAIL.COM
Address .....	BLK 359A ADMIRALTY DRIVE
Address complement .....	#06-202
Postcode .....	751359
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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? .....	Yes
Police Station Name .....	Bishan Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005529999
Alt. Police Station Phone No .....	(Fax) +65-65561905
Police Station Address .....	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT .

THERE WERE NO PHV DECAL AS WINDSCREEN JUST REPLACED DUE TO SHATTERED WINDSCREEN

#### 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 .....	SLL6297R
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Vezel
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	UNKNOWN
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT NOTICE

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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. 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 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: 15/9/2021  
1100HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 15/9/21  
1100HRS

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



### DECLARATION

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

### DECLARATION

Policyholder's Signature

1100Hr

Date & Time: 15/9/21  
1100H (M)

NRIC/FIN No.:



# SINGAPORE POLICE FORCE



T/20210915/2000

Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

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Report No. T/20210915/2000

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2021 00:03	Vide Report No.: E/20210914/0125	Station Diary No.: 1
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### Informant's Particulars

Name of Informant: MUHAMMAD KHAIRUL BIN MOHAMED RANI			Address: APT BLK 359A ADMIRALTY DRIVE #06-202 SINGAPORE 751359	
ID Type / ID No.: NRIC NO / S9006133Z			Contact No.: Home/Office: Mobile: 91458205	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 31	Date of Birth: 27/02/1990	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: PROJECT ENGINEER			Driving Licence Information: Class: 3	Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/09/2021 17:15	Type of Location: Car Park
Location:  POTONG PASIR AVENUE 1				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC7283X	Car	KIA	FORTE K3 1.6A EX	Blue	Slightly Damaged	0

### Details of Person Involved

Details of Pedestrian Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20210915/2000

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Police Station Of Origin:  
Bishan N.P.C  
20 Bishan Street 23 SINGAPORE 579757  
Tel No: 1800-5529999

Report No. T/20210915/2000

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MUHAMMAD KHAIRUL BIN MOHAMED RANI	ID No.	S9006133Z
Related Vehicle	NIL	Contact No.	91458205
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



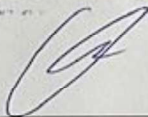

**Brief Details.**

On 14/09/2021 at about 9.39am, I parked my vehicle on an open space carpark of Blk 113 Potong Pasir. I parked at lot number 231. At about 6.30pm, as I was walking towards my car, I notice there was a Traffic Police officer.

Later, the officer informed me that my vehicle was involved in an accident and advised me to lodge a traffic police report.

There is in-car camera I my vehicle. However, at that point of time, it was not recorded as it runs out of battery.

There were scratches and dents on my vehicle due the collision. The bumper observed to be dislodged and the suspension was also damaged.

 <b>SINGAPORE POLICE FORCE</b>	 T/20210915/2000
Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999	3 of 3 Report No. T/20210915/2000
CONTINUATION OF REPORT	
<b>Sketch Plan</b> Informant is not able to provide sketch plan	
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.	
Signature of Officer Recording The Report E / Sr Staff Sgt SITI NUR 'AFINA BINTE ROSLAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2021 00:03
Officer In Charge Of Case: TP / HRT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case:  SN 061
Authentication Stamp NP168	 <b>SIGNATURE</b>