

## 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	08/10/2021 13:22 (SGT)
Date of Accident	07/10/2021 19:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SOON LEE STREET
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE8971U
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUMBLE DELIVERY SERVICES
Company Reg No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	(Phone) [REDACTED]
Alternative Phone No	[REDACTED]

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2989

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117218439-01
Cover Note Number	25/04/2021 - 24/04/2022

#### DRIVER

Name of Driver	MUHAMMAD JASNI BIN MOHD MDET
NRIC No	[REDACTED]



Date Of Birth [REDACTED]  
 Occupation Outdoor  
 Date Of Driving Pass 26/04/2013  
 Driving experience 8 YEARS AND 6 MONTHS  
 Gender Male  
 Mobile Number [REDACTED]  
 Alt. Phone Number [REDACTED]  
 Email Address [REDACTED]  
 Address [REDACTED]  
 Address complement [REDACTED]  
 Postcode [REDACTED]  
 Is the driver the policyholder? No  
 If No, Relationship of the Driver with the Insured SOLE PROPRIETOR  
 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? Yes  
 Was any injured conveyed to hospital by ambulance? No  
 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 Hougang Neighbourhood Police Centre  
 Police Station Phone No (Phone) +65-18004890999  
 Alt. Police Station Phone No (Fax) +65-63128989  
 Police Station Address 60 Hougang Ave 9 Singapore 538775  
 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 VIDEO SIZE HUGE TO UPLOAD  
 Was there any audio recorded? No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YQ2726R  
 Vehicle Manufacturer -  
 Vehicle Model -  
 Vehicle Variant -  
 Vehicle Colour -



Category	Commercial vehicle
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)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person	MUHAMMAD JASNI BIN MOHD MDET
Gender	Male
Phone No	(Phone) +65-89229091
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBE8971U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 08/10/2021 13:06

Report No: MT

D.O.A: 07/10/2021

Vehicle No: GBES971U

Reporting Type:

Time: 19:50 hrs

SKETCH PLAN

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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 reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



08/10/21 / 13:06

Policyholder's Signature / Date & Time

*[Signature]*

08/10/21 / 13:06

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

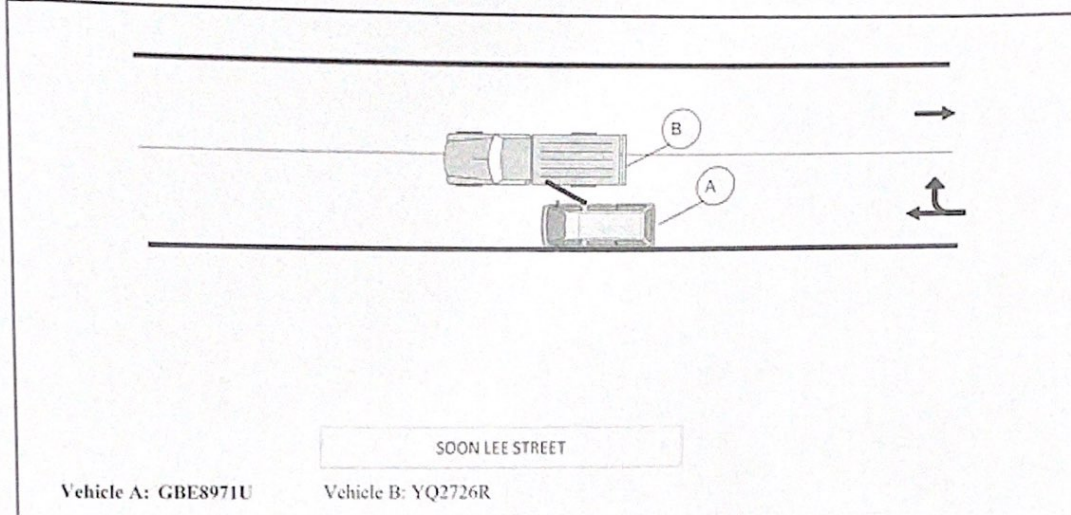
*[Signature]*

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20211007/2117

Declaration

I/We declare the foregoing particulars are true in every respect.



08/10/21 / 13:06

Policyholder's Signature / Date & Time

*[Signature]*

08/10/21 / 13:06

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

*[Signature]*

Ganesh (S993561)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel











IMAGES #3





IES #4

N/2017/01530  
2015002135

Income









ES #6









