

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 25/10/2021 17:10 (SGT)
Date of Accident 14/10/2021 12:30 (SGT)
Exact Location of Accident Buffalo Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB1343C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAHMAT B ANANG
NRIC No SXXXX118H
Email Address rahmatanang6@gmail.com
Mobile Phone No (Phone) +65-97395118
Alternative Phone No +65-97395118

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 5123062256
Cover Note Number -

DRIVER

Name of Driver RAHMAT B ANANG
NRIC No SXXXX118H

Date Of Birth	06/11/1955
Occupation	Outdoor
Date Of Driving Pass	25/06/1976
Driving experience	45 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97395118
Alt. Phone Number	+65-97395118
Email Address	rahmatanang6@gmail.com
Address	BLK 828 YISHUN STREET 81 #02-528
Address complement	-
Postcode	760828
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)	1
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	Yishun South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008522999
Alt. Police Station Phone No	(Fax) +65-68522239
Police Station Address	32 Yishun Street 81 Singapore 768456
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20211014/2075.

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	SLP5367H
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	VEHICLE B
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	JAYA
Phone	(Phone) +65-96909015
Email	-

SKETCH PLAN

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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 be 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 purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of my 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, notices, receipts 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/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 be 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 used outside of Singapore, for one or more of the above Purposes.

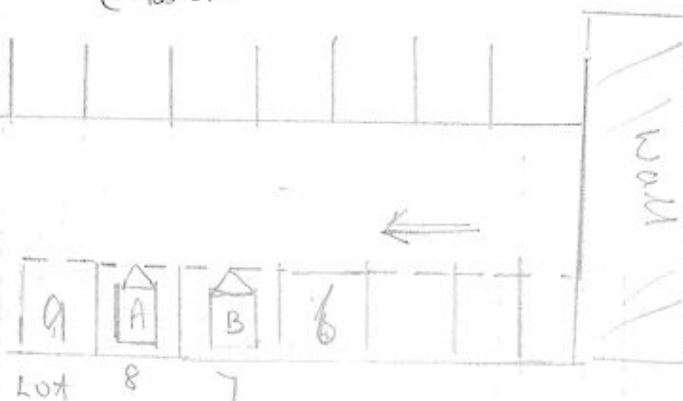
Policyholder's Signature / Date & Time
15/10/21
Sketch Plan 1020hs

Driver's Signature (If driver is not the policyholder) / Date & Time
15/10/21
1020hs

Witnessed by Reporting Centre Personnel

(A) SNB 1343C
(B) SLP 5367H

Carparks




Focus AUTO


Describe Circumstances of the Accident

Refer to Police Report No. 37/2021/014/2075

Declaration

We declare the foregoing particulars are true to our knowledge

Policyholder's Signature / Date & Time

 15/10/21
 @ 1020hrs

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

 15/10/21
 @ 1020hrs

Witnessed by (Reporting Centre Personnel)






















**SINGAPORE
POLICE FORCE**


T/20211014/2075

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20211014/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2021 15:50	Vide Report No.:	Station Diary No.: 50
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Informant's Particulars

Name of Informant: RAHMAT BIN ANANG	Address: APT BLK 828 YISHUN STREET 81 #02-528 SINGAPORE 760828		
ID Type / ID No.: NRIC NO / S1180118H	Contact No.: Home/Office: Mobile: 97395118		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 65	Date of Birth: 06/11/1955	Type of Informant: Driver
Race: Malay	Language:		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/10/2021 12:30	Type of Location: Car Park
Location: BUFFALO ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP5367H	Car	MITSUBISHI	LANCER EX 1.6 AT LED TAIL LAMP	Red	Slightly Damaged	0
SNB1343C	Car	TOYOTA	CAMRY HYBRID 4DR SEDAN (AT) STANDARD	Black	Slightly Damaged	0



**SINGAPORE
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T/20211014/2075

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No. T/20211014/2075

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SNB1343C	NTUC Income Insurance Co-Operative Limited	5123062256	30/07/2021	29/07/2022

Brief Details.

On 14/10/2021 at about 1230hrs, I parked my vehicle SNB1343C at Tekka Market Basement Carpark Lot 8 and went for lunch.

On 14/10/2021 at about 1330hrs, I went back to my vehicle when a lady namely Jaya c/n 96909015 approached me to inform me that the vehicle (SLP5367H, Mitsubishi Lancer) parked beside my vehicle at Lot 7 had sideswiped my vehicle when it was exiting from the carpark. Jaya stated that during the exit, the vehicle had sped up and made a quick left turn thus resulting in the collision against the front right fender and bumper of my vehicle, resulting in detachment and dents on my vehicle. Jaya also informed that she had tried to stop the vehicle however was unable to as the vehicle sped off.

I wish to state that I have both front and rear in car camera however the cameras are not recording when my vehicle engine is off. No injuries was sustained. Jaya also informed that she is willing to be a witness to the accident.



**SINGAPORE
POLICE FORCE**



T/20211014/2075

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

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Report No, T/20211014/2075

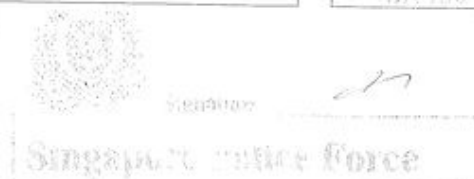
CONTINUATION OF REPORT

Sketch Plan

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 report number as reference.

Signature of Officer Recording The Report L / Sgt 2 CHONG WAN HONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2021 15:50
Officer In Charge Of Case: TP / HRT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476368	Classification Of Case: SN 1.0
Authentication Stamp NP168	





Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5123062256

Cover : drive CLASSIC

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : SNB1343C |
| Chassis Number | : JTNB23HK303101425 |
| 2. Name of Policyholder | : RAHMAT B ANANG |
| 3. Effective Date of Insurance | : 30 Jul 2021 |
| 4. Expiry Date of Insurance | : 29 Jul 2022 |
| 5. Persons or Classes of Persons entitled to drive# | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission. | |
| Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use# | |
| (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's or Hirer's business. | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
 - (b) Use for the carriage of goods (other than samples) in connection with any trade or business.
 - (c) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

EXCESS (SECTION 1)	: S\$2,000
EXCESS (SECTION 2)	: S\$1,500
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
ROADSIDE ASSISTANCE AND WELLNESS COVER	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: RAHMAT BIN ANANG
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: TOYOTA FINANCIAL SERVICES SINGAPORE PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : AA INTERNATIONAL INSURANCE AGENCY (00000572347)
 Date of Issue : 01 Aug 2021 15:20 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive