SN07221I000W / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 18/01/2022 19:22 (SGT)
SUBMITTED BY: Ahmad Sufiyan Assuri Bin Mustaffa
VERSION: 1 (18/01/2022 19:22 (SGT))

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 witholding 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	18/01/2022 19:22 (SGT)
Date of Accident	17/01/2022 23:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 411 YISHUN RING ROAD OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW216U

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIM WAI HAN, PHILIP
NRIC No	S7247935A
Email Address	PHILIP.SIM@LIVE.COM
Mobile Phone No	(Phone) +65-96499228
Alternative Phone No	+65-96499228

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Discovery
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	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123592017
Cover Note Number	-

DRIVER

Name of Driver	SIM WAI HAN, PHILIP
NRIC No	S7247935A

Date Of Birth	25/12/1972
Occupation	Indoor
Date Of Driving Pass	07/01/1993
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-96499228
Alt. Phone Number	+65-96499228
Email Address	PHILIP.SIM@LIVE.COM
Address	BLK 411 #07-1825
Address complement	YISHUN RING ROAD
Postcode	760411
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	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT AND 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	EMAIL TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ9573C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle 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)	1

SKETCH PLAN

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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.

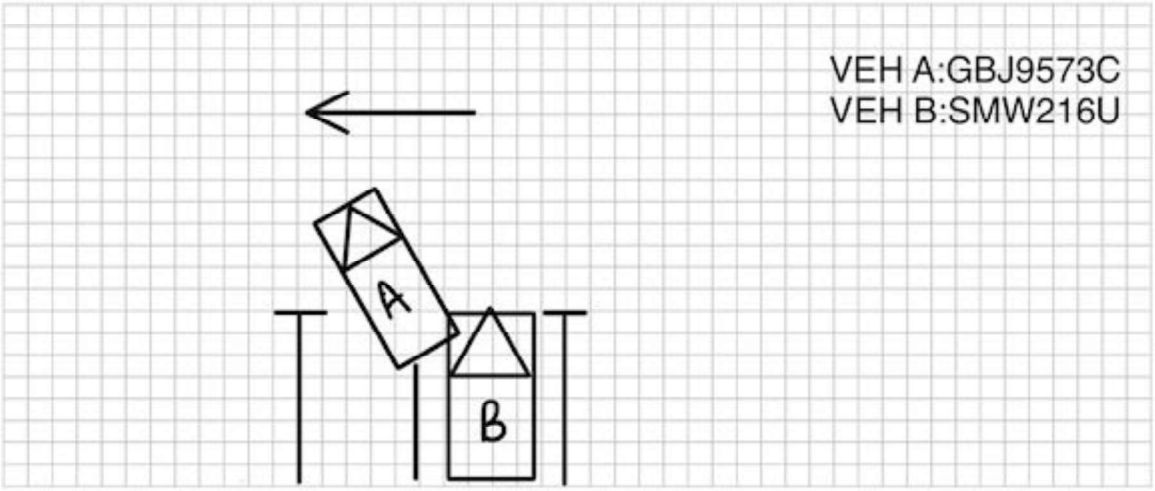
   (e) the information so collected under (d) above may be shared / disclosed:

   (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: 18/01/2022 1930HRS	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: SUFIYAN NRIC/FIN No.: S992991

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS REPORT

DECLARATION

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

Policyholder's Signature Date & Time18/01/2022 1930HRS	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: SUFIYAN NRIC/FIN No.: S992991

GIARMC SketchPlanForm_V3 2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

SINGAPORE POLICE FORCE

L/20220118/7040

POLICE REPORT (NP299)

Report No. L/20220118/7040

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made	Vide Report No.	Station Diary No.
18/01/2022 16:16		

Name Of Informant SIM WAI HAN, PHILIP	Address 411 YISHUN RING ROAD #07-1825 SINGAPORE 760411			
ID Type / ID No. NRIC NO / S7247935A	Contact No. Home/Office:	Mobile: 96499228		
Nationality SINGAPORE CITIZEN	Email Address PHILIP.SIM@LIVE.COM			
Occupation Managing director/Chief executive officer	Sex Male	Age 49	Date of Birth 25/12/1972	Race Chinese
Institution/School Name	Language English			
Date/Time Of Incident 17/01/2022 23:20 - 17/01/2022 23:25	Location Of Incident 411 YISHUN RING ROAD #07-1825 SINGAPORE 760411			

Brief details.

At 2323pm, in my home carpark, a white truck GBJ9573C was parking but reversed into and damaged the left wheel arch of my vehicle, SMW216U.
I was not in my vehicle at the point in time.
The incident was captured on my in-car camera.
The driver did not leave any notes of his contact details.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2022 16:16
Officer In-Charge Of Case:	Classification Of Case:

SINGAPORE POLICE FORCE

L/20220118/7040

POLICE REPORT (NP299) **CONTINUATION OF REPORT** Report No. L/20220118/7040

I only noticed the damage at 1115am, 18 Jan 2021, when I sent my son to school.

Subjects Involved			
Victim			
Person Name	SIM WAI HAN, PHILIP		
ID Type	NRIC NO	ID No	S7247935A
Gender	Male	Age	49
Race	Chinese	Language	English
Occupation	Managing director/Chief executive officer	Address	411 YISHUN RING ROAD #07-1825 SINGAPORE 760411
Mobile No	96499228	Is Informant A Victim?	Yes
Person Name	SIM WAI HAN, PHILIP (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2022 16:16
Officer In-Charge Of Case:	Classification Of Case: