

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	14/03/2022 12:09 (SGT)
Date of Accident	29/12/2021 15:00 (SGT)
Exact Location of Accident	Loyang Way, Singapore
Additional Location Information	2 LOYANG WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8994R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IRIADI BIN ZULKIFLIE
NRIC No	SXXXX485J
Email Address	eddielynn24@gmail.com
Mobile Phone No	(Phone) +65-90269636
Alternative Phone No	+65-90269636

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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	1599

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MPC0004080
Cover Note Number	-

DRIVER

Name of Driver	IRIADI BIN ZULKIFLIE
NRIC No	SXXXX485J

Date Of Birth	04/04/1983
Occupation	Outdoor
Date Of Driving Pass	25/03/2009
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90269636
Alt. Phone Number	+65-90269636
Email Address	eddielynn24@gmail.com
Address	BLK 223A SERANGOON AVENUE 4 #14-215
Address complement	-
Postcode	551223
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?	Yes
Police Station Name	Serangoon Neighbourhood Police Centre
Police Station Address	50 Serangoon Avenue 2 #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE TRAFFIC POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK6223J
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	-
No. Of Passenger (Including Driver)	2

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/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.

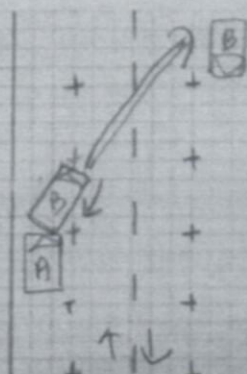
[Signature] 10/5/24
Policyholder's Signature / Date & Time

[Signature] 12/03/22
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SJR 894UR
B: SLK 6223J



Describe Circumstances of the Accident

Please refer to Police Report attached no.: T/2021/230/2012

Declaration

We declare the foregoing particulars are true in every respect.

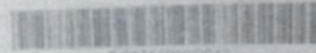
[Signature] 12/03/22
1015hr
Policyholder's Signature / Date & Time

[Signature] 1015hr.
12/03/22
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4580099



1/202112302012

Report No: 1/20211230/2012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/12/2021 04:54

Video Report No.
G/20211230/0018

Station Diary No.
23

Informant's Particulars

Name of Informant:
IRIADI BIN ZULKIFLIE

Address:
APT BUK 223A SERANGOON AVENUE 4 #14-215
SINGAPORE 551223

ID Type / ID No.
NRIC NO / S8309485J

Contact No.
Home/Office: Mobile: 90269536

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male
Age: 38

Date of Birth:
04/04/1983

Type of Informant:
Driver

Race:
Malay

Language:

Institution / School Name:

Occupation:
Bus Captain

Driving Licence Information
Class: 2B, 2A, 3, 4

Date of Expiry:

General Information of the Accident

Type of Accident:
Non-Injury
Hit and Run

Drink
Drive:
No

Date/Time of
Accident:
29/12/2021 15:00

Type of Location:
Car Park

Location:

LOYANG WAY 2

Weather:

Road Surface:

Road Speed Limit:

Traffic Flow:

Traffic Control:
Not Controlled

Traffic Volume:


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
SJR8994R	Car	KIA	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR	White	Slightly Damaged	0
SLK6223J	Car				Slightly Damaged	1

Total Accident 1st



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
256123
Tel No: 1800-4860999



1/20211230/2012

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Report No: 1/20211230/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No	Insurance Company	D21MPC0004090	03/06/2021	02/06/2022
SJR8994R	INDIA INTERNATIONAL INSURANCE PTE LTD			


Details of Person Involved		Use of Pedestrian Crossing: NA	
Any Pedestrian Involved: No			
No. of Pedestrians Injured: Nil			
Name	IRIADI BIN ZULKIFLIE	ID No.	S8309485J
Related Vehicle	SJR8994R (Car)	Contact No.	90269636
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 3, 4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.
On 29/10/2021 at about 1357hrs, I parked my white KIA Cerato bearing SJR8994R at 3 Loyang Way carpark (Lot 64). Everything was intact, and there were no damages.

On 30/12/2021 at about 0015hrs after work, I went back to the carpark to retrieve my car, and saw that there were scratches and dents at the front right bumper of my car. I then retrieved my in-car camera footage. The footage revealed that on 29/10/2021 at about 1502hrs, a black Kia car bearing SLK6223J had reversed into the front of my car, whilst attempting to parallel park. However I was unable to download the video of impact due to its short recording but it can be viewed through my mobile phone.


Subsequently this black Kia car drove to the opposite side of the road, where a man and woman was seen alighting and observing the back of their car. They then walked over to the front of my car and was seen observing the front portion of my car too.

There was no note on my car when I retrieved it, or any indication of their contact numbers present. Hence I contacted '995' for assistance, to which Traffic Police arrived on scene. Traffic Police thus advised me to lodge a police report with report number G/20211230/0016.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Singapore N.P.C.
10 Serangoon Avenue 2 #01-02 SINGAPORE
550720
Tel No: 6500-4550999



T:20211230/2012

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Report No: T20211230/2012

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 65474955 stating the report number as reference.

<p>Signature of Officer Recording The Report Sgt 2 ZHUANG ZHENJIE</p> <p>Signature of Interpreter Not applicable</p> <p>Officer in Charge Of Case CP/HRT/ SI KALESMITH RAJ Contact No: 65474955</p> <p>Authentication Stamp NR105</p>	<p>Signature Of Informant</p> <p>Date/Time 30/12/2021 04:54</p> <p>Classification Of Case</p>
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