

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

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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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.

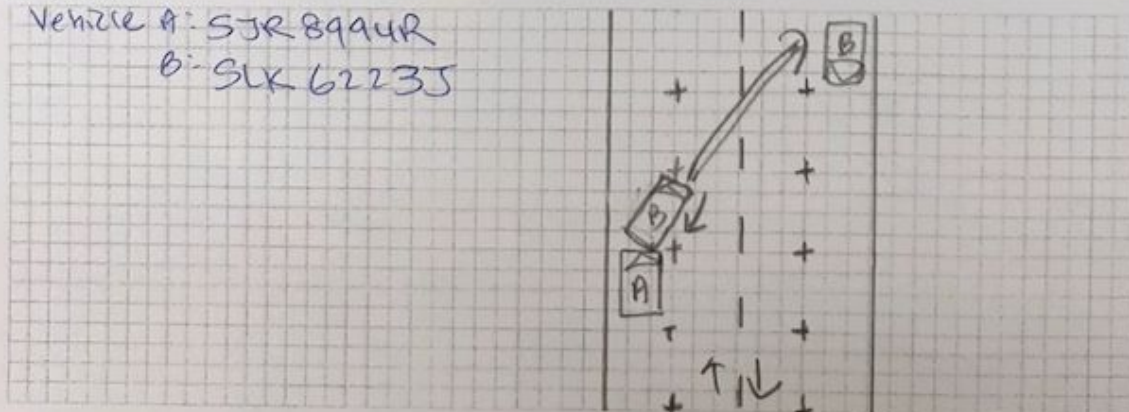
1015h
12/03/22
Policyholder's Signature / Date & Time

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

12/03/22
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SJR 8994R
Vehicle B: SLX 6223J

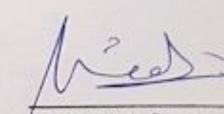


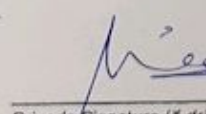
Describe Circumstances of the Accident


Please refer to Police Report attached no.: 7/2021/230/2012

Declaration

We declare the foregoing particulars are true in every respect.

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

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


SOC LEON MOTOR WORKS
Witnessed by Reporting Centre Personnel

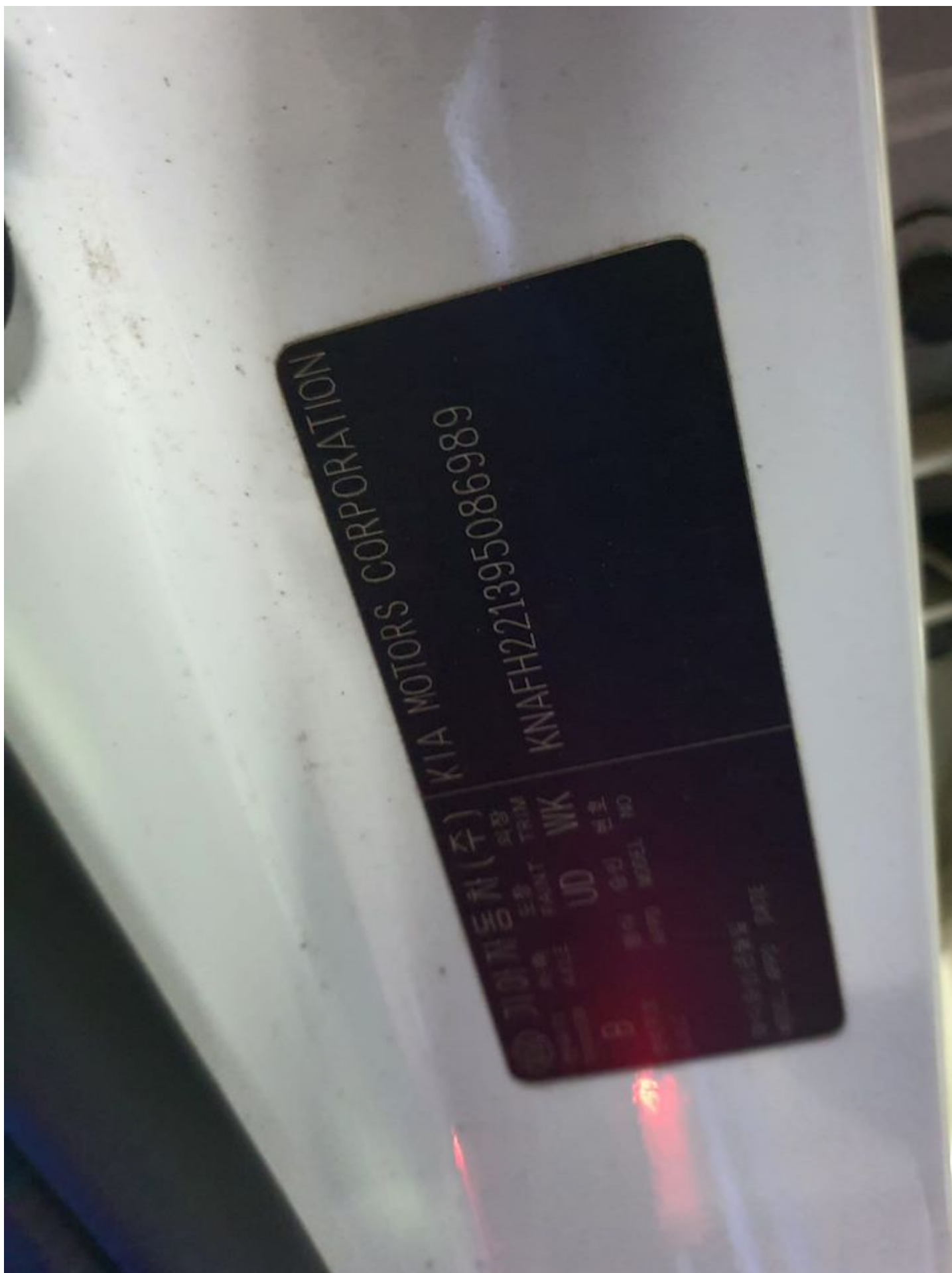













**SINGAPORE
POLICE FORCE**


T/20211230/2012

1 of 3

Report No: T/20211230/2012

Police Station Of Origin:
Serangoon N.P.C
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2021 04:54	Vide Report No.: G/20211230/0016	Station Diary No.: 23
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Informant's Particulars

Name of Informant: IRIADI BIN ZULKIFLIE			Address: APT BLK 223A SERANGOON AVENUE 4 #14-215 SINGAPORE 551223		
ID Type / ID No.: NRIC NO / S8309485J			Contact No.: Home/Office: Mobile: 90269636		
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

T/20211230/2012

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Report No: T/20211230/2012

SINGAPORE POLICE FORCE

Police Station Of Origin:
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

CONTINUATION OF REPORT

Details of Vehicle Insurance		Insurance No	Effective	Expiry Date
Vehicle No	Insurance Company	D21MPC0004080	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			
Driver 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 '999' 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**

T/20211230/2012

3 of 3


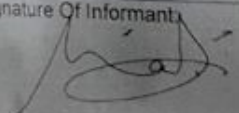
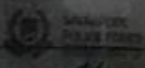
Report No. T/20211230/2012

Police Station Of Origin:
Serangoon N.P.C.
50 Serangoon Avenue 2 #01-02 SINGAPORE
556129
Tel No: 1800-4880999

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 F / Sgt 2 ZHUANG ZHIJIE 	Signature Of Informant 
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2021 04:54
Officer In Charge Of Case: TP / HRT / SI KALESWARI PALANI Contact No: 65476902	Classification Of Case:
Authentication Stamp NP108 	



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS0C223E0001 Vehicle Registration No: SJR 8994R
 Name (as shown in NRIC): Iriadi Bin Zulkifli NRIC/FIN/Passport No: S8309485J
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Bt 223A Serangoon Ave 4 #14-215 Singapore (551223)
 Contact (Tel): 90269636 (HP) Mobile No.: _____
 Email Address: eddie/ynn24@gmail.com
 Date of Accident: 29/12/2021 Time of Accident: 1500hrs
 Place of Accident: 2 Loyang Way
 Insurance Company: India Int'l Insurance

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I wish to amend date of accident to 29/12/2021
instead of 29/10/2021

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: