

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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

05/06/2022 08:12 (SGT) 02/06/2022 22:25 (SGT) Singapore Tampines Street 22 Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMA6283B

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No No

DAUD BIN ALI SXXXX843B Daudali@gmail.com (Phone) +65-97710011 +65-97710011

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission

CC

BMW 428i

COUPE AT D/AB SR HID NAV M SPORT

Private use

No - Claiming third party Private car

Auto 1997

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy Policy Number Cover Note Number FWD Singapore Pte. Ltd.

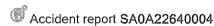
Comprehensive

PNPV2019-00018369-02

DRIVER

Name of Driver NRIC No

DAUD BIN ALI SXXXX843B



Page 1 of 20

Date Of Birth Occupation

Date Of Driving Pass Driving experience

Gender

Mobile Number
Alt. Phone Number
Email Address

Address complement

Postcode Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident

Was anybody injured in the Accident?
Was any injured conveyed to hospital by ambulance?
Was any other vehicle or property damaged?
Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Police Station Name

Police Station Phone No Alt. Police Station Phone No

Police Station Address

Was notice of intended Prosecution given?

If yes, against whom?

Yes

17/02/1980

20/06/2011

11 YEARS

+65-97710011

(Phone) +65-97710011

272 Tampines Street 22

Daudali@gmail.com

Indoor

Male

#03-32

520272

Yes

No

Clear

Drv

No

No

Yes

n

Nο

2

Tampines Neighbourhood Police Centre

Hit and run / Vandalism / Damaged whilst parked

(Phone) +65-18005871999

(Fax) +65-65871699

6 Tampines Ave 4 Singapore 529682

No

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO, T/20220603/2117 LODGE AT TAMPINES NPC
ON THE 02/06/22 AT ABOUT 2227HRS, MY VEHICLE SMA6283B A ESTORIL BLUE BMW 428I WAS INVOLVED IN A HIT AND RUN
ACCIDENT. I PARKED MY VEHICLE AT THE OPEN CARPARK (TMT32/33) NEAR THE LIFT LOBBY OF BLOCK 272 TAMPINES ST
22. I HAVE AN INBUILT CAR CAMERA WHICH CAPTURED THE INCIDENT. FROM THE FOOTAGE, THERE WAS A WHITE
HONDA VEZZEL, SLU1225J WHO PARKED BESIDE MY VEHICLE ON THE LEFT. WHEN HE CAME TO THE VEHICLE TO MOVE
OFF, HE WANTED TO MAKE A RIGHT TURN BUT HIS VEHICLE COLLIDED ONTO THE LEFT PORTION OF MY FRONT BUMPER.
HE THEN REVERSED HIS VEHICLE WHICH THEN COLLIDED ONTO MY BUMPER AGAIN AND SUBSEQUENTLY LEFT THE
PLACE WITHOUT LEAVING A NOTE. DAMAGES TO MY VEHICLE ARE DENTS, SCRATCHES TO THE LEFT FRONT BUMPER.
THERE ARE ALSO WHITE PAINT MARKS SEEN AT THE DAMAGED AREA. MY INBUILT CAR CAMERA ALSO STATED THAT
THERE WAS AN IMPACT AT THE SAID TIME OF INCIDENT. I HAVE THE FOOTAGE AVAILABLE ON THUMBDRIVE WHICH I CAN
PROVIDE TO THE TRAFFIC POLICE

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Yes Yes No

Accident report SA0A22640004

Was there any audio recorded?

Page 2 of 20

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU1225J Vehicle Manufacturer Honda Vehicle Model Vezel Vehicle Variant Vehicle Colour White Vehicle Category Private car Name of Driver NA Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage

Details of property damaged in accident
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- The 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.
- 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 fall 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 .
 - 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 chaims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
 - (iv) administering my claims findluding 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/faw 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 Bate & Time:

Onver's Signature
(If driver is not the policyholder)
Date & Time.

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMED SHARIL BIN SATAR

Reporting Centre Personnel's Signature Name. NRIC/TIN No...

12	N-SMAG183B				
	BESTUDIST		947	COTACT	
	Jas Traffick Orea (Tr	ST 32			
	DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT			
200000000000000000000000000000000000000	CLARATION e declare the foregoing particulars	are true in every respect.		VERIFY BY AJAX MAR REPORTING OFFI MOHAMED SHARIL BII	HR.
5566660005500550566	yholder's Signature & Time:	Driver's Signature (If driver is not the policyholder Date & Time.	i k	porting Centre Personner's Arne, RECENTAGE	





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

l of 3 Report No. T/20220603/2117

REPORT OF A TRAFFIC ACCIDENT

Date/Time 03/06/2022	•	ide:	Vide Report No.:		Station Diary No.: 93	
Informant'	s Particul	ars				
Name of In			Address: APT BLK 272 TAMPINES STREET 22 #03-32 SINGAPORE			
			520272			
ID Type / II			Contact No.:			
NRIC NO / S8004843B			Home/Office: Mobile: 97710011			
Nationality: SINGAPORE CITIZEN			Email:			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male 42 17/02/1980			Vehicle Owner			
Race:			Language:	Institution /	School Name:	
Malay						
Occupation			Driving Licence Information:			
DIRECTOR	3		Class: 3A	Date of Ex	piry:	

General Inform	ation of the Acciden	11			
Type of Accident: Non-Injury Hit and Run		Drink Drive:			Type of Location: Car Park
Location:					
TAMPINES STI	REET 22				
Weather:		Road Surface:		Road Speed Limit:	
Clear		Dry			,
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collisio				Anyo	ne conveyed by
Moving Vehicle	Against - Parked Vel	hicle			ılance:

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLU1225J	Car	HONDA		White		0
SMA6283B	Car	BMW	4281	Blue		0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

2 of 3

Report No. T/20220603/2117

CONTINUATION OF REPORT

Vehicle Owner						
Name	DAUD BIN ALI			ID No	•	S8004843B
Related Vehicle	SMA6283B (Car)		Contact No.		97710011	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment NIL			Date Disc	harge NIL		
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

On the 02/06/22 at about 2227hrs, my vehicle, SMA6283B, a estoril blue BMW 428I was involved in a hit and run incident. I parked my vehicle at the open carpark(TMT32/33) near the lift lobby of block 272 Tampines St 22. I have an inbuilt car camera which captured the incident. From the footage, there was a white Honda Vezzel, SLU1225J who parked beside my vehicle on the left. When he came back to the vehicle to move off, he wanted to make a right turn but his vehicle collided onto the left portion of my front bumper. He then reversed his vehicle which then collided onto my bumper again and subsequently left the place without leaving a note.

Damages to my vehicle are dents, scratches to the left portion of the front bumper. There are also white paint marks seen at the damaged area. My inbuilt car camera also stated that there was an impact at the said time of incident. I have the footage available on thumbdrive which I can provide to the traffic police.





Report No. T/20220603/2117

3 of 3

Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

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: G / Other ABDUL RAHMAN BIN MOHAMED ALI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 03/06/2022 21:08
Officer In Charge Of Case: TP / HRT / SR STAFF SGT NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
NP168	