

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	14/07/2022 13:34 (SGT)
Reported by	Both
Date of Accident	13/07/2022 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SIMEI STREET 1 OSCP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1258X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DARYL SIM
NRIC No	S9241973H
Email Address	DARYLSIM92@GMAIL.COM
Mobile Phone No	(Phone) +65-91770035
Alternative Phone No	-

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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5126598851

DRIVER

Name of Driver	DARYL SIM
NRIC No	S9241973H
Date Of Birth	02/11/1992
Occupation	Indoor

Date Of Driving Pass	05/09/2014
Driving experience	7 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91770035
Alt. Phone Number	-
Email Address	DARYLSIM92@GMAIL.COM
Address	BLK 116 #08-582
Address complement	SIMEI STREET 1
Postcode	520116
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Changi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005872999
Alt. Police Station Phone No	(Fax) +65-65872900
Police Station Address	9 Simei Street 2 Singapore 529914
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA6931Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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

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SKETCH PLAN

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.



13/07/2022
1330HRS

Policyholder's Signature / Date & Time

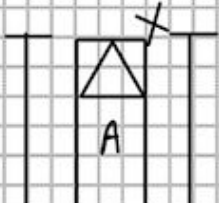
Driver's Signature (if driver is not the policyholder) / Date & Time



AHMAD SUFIYAN ASSURI
BIN MUSTAFFA

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

	<p>VEH A: SKC1258X VEH B: UNKNOWN</p>
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Describe Circumstance of the Accident

REFER TO GEARS REPORT

Declaration

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

13/07/2022
1330HRS

Policyholder's Signature / Date & Time

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

AHMAD SUFIYAN ASSURI
BIN MUSTAFA

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

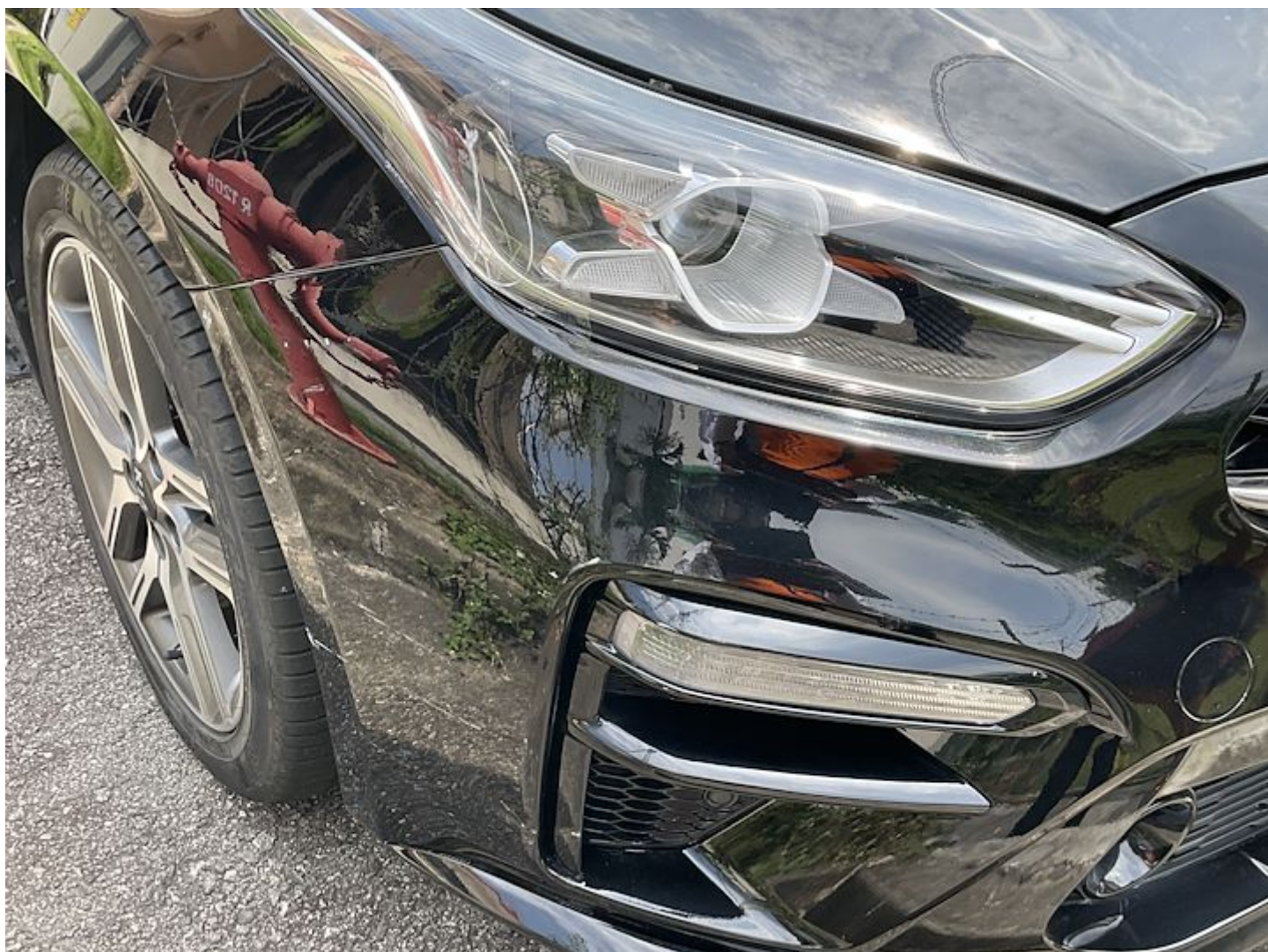













**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20220713/2038

1 of 3

Report No. T/20220713/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/07/2022 13:08	Vide Report No.:	Station Diary No.: 43
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Informant's Particulars

Name of Informant: DARYL SIM			Address: APT BLK 116 SIMEI STREET 1 #08-582 SINGAPORE 520116	
ID Type / ID No.: NRIC NO / S9241973H			Contact No.:	Mobile: 91770035
Nationality: SINGAPORE CITIZEN			Email: darylsim92@gmail.com	
Sex: Male	Age: 29	Date of Birth: 02/11/1992	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Primary school teacher			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 13/07/2022 10:30	Type of Location: Multi Story Carpark
Location: PUNGGOL WALK				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
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
SKC1258X	Car	KIA	CERATO 1.6(A) SX	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKC1258X	NTUC Income Insurance Co-Operative Limited	5126598851	01/04/2022	03/07/2023



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/2022071322

Report No. T/2022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver		ID No.	S9241973H
Name	DARYL SIM	Contact No.	91770035
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Hospital/Clinic	NIL	Date Treatment	NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 12/07/2022 at about 1930hrs, I parked my vehicle at my house carpark at lot 487 and went back from servicing my car.

On 13/07/2022 at about 1030hrs, I went to meet my friend who resides at 213C Punggol Walk. While I was driving, I realized there was a caution signal light on my dashboard and heard abnormal flickering sounds when I was about to filter lane.

At about 1105hrs, I parked my vehicle at the Blk 212 Punggol Walk MSCP 3rd floor and discovered damages on my right rear bumper and my right headlight. There were scratches on the right rear bumper and the right signal light bulb came out. There was a crack on my right headlight as well.

I would like to mention that I have a camera installed at the front and the back.

SINGAPORE
POLICE FORCE

ation Of Origin;
N.P.C
Street 2 SINGAPORE 529914
No: 1800-5872999



T/20220713/2038

3 of 3

Report No. T/20220713/2038

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 MUHAMMAD IRHAM BIN
ABDULLAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/07/2022 13:08

Officer In Charge Of Case:

TP / HRT /

SR STAFF SGT NEO ZHI YUAN

Contact No.: 65476079

Classification Of Case:

NP168



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: SN07227E0009 Vehicle Registration No: SKC1258X
 Name (as shown in NRIC): DARYL SIM NRIC/FIN/Passport No: S9241973H
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 116 #08-582 SIMEI STREET 1 Singapore (520116)
 Contact (Tel): _____ Mobile No.: 91770035
 Email Address: DARYLSIM92@GMAIL.COM
 Date of Accident: 13/07/2022 Time of Accident: 1030HRS
 Place of Accident: SIMEI STREET 1 OSCP
 Insurance Company: NTUC INCOME

(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:

-AMEND TO THIRD PARTY CLAIM
 -INPUT THIRD PARTY VEHICLE NUMBER
 - AMEND ON LOCATION OF ACCIDENT

Policyholder / Driver's Signature

Date: 15/07/2022

Reporting Centre Personnel's Signature

Name: AHMAD SUFIYAN ASSURI B MUSTAFFA
 NRIC/FIN No.: S992991
 Date: 15/07/2022