

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 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 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 19/08/2022 12:27 (SGT)
Reported by Both
Date of Accident 18/08/2022 13:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information ADAM ROAD FOOD CENTRE OPEN SPACE CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT737K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner EDMUND ZHOU JIAYI
NRIC No S9031860H
Email Address EDMUNDZHOU@HOTMAIL.COM
Mobile Phone No (Phone) +65-81802492
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mazda
Model 5
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 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number 5127363585

DRIVER

Name of Driver EDMUND ZHOU JIAYI
NRIC No S9031860H
Date Of Birth 02/09/1990
Occupation Indoor

Date Of Driving Pass	18/06/2014
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81802492
Alt. Phone Number	-
Email Address	EDMUNDZHOU@HOTMAIL.COM
Address	BLK 130A LORONG 1 TOA PAYOH #28-508
Address complement	-
Postcode	311130
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	Raining
Road Surface	Wet

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	Tanglin Division Headquarters
Police Station Phone No	(Phone) +65-18003910000
Alt. Police Station Phone No	(Fax) +65-63964900
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	ADVISE OI TO SUBMIT MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD6297B
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

WITNESS DETAILS

WITNESS 1

Name JOSEF
Phone (Phone) +65-91699121
Email -

SKETCH PLAN

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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.

19/08/2022

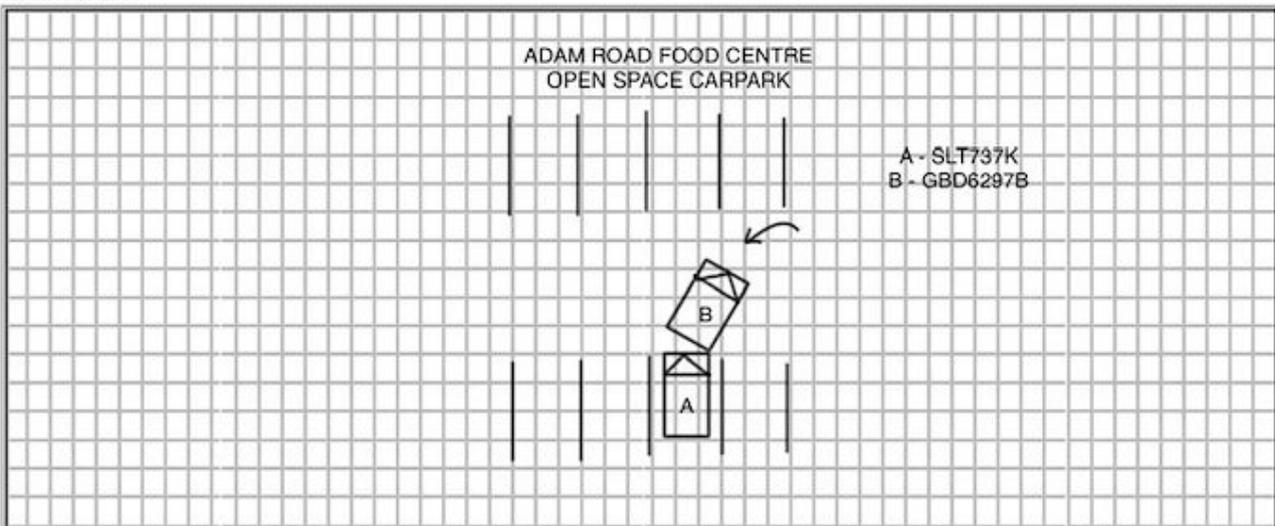
Policyholder's Signature / Date & Time

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

MUAMMAR GADDAFI BIN MARZUKI

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

Sketch Plan



Describe Circumstance of the Accident

REFER TO GEARS

Declaration

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


19/08/2022
Policyholder's Signature / Date & Time

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


MUAMMAR GADDAFI BIN MARZUKI
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)











**SINGAPORE
POLICE FORCE**



E/20220819/7010

1 of 2

POLICE REPORT (NP299)

Report No. E/20220819/7010

Police Station Of Origin
Tanglin Division HQ
21 Kampong Java Road SINGAPORE
228892
Tel No:1800-3910000

Date/Time Report Made 19/08/2022 11:58	Video Report No.	Station Diary No.
Name Of Informant EDMUND ZHOU JIAYI	Address 130A LORONG 1 TOA PAYOH #28-508 SINGAPORE 311130	
ID Type / ID No. NRIC NO / S9031860H	Contact No. Home/Office:	Mobile: 81802492
Nationality SINGAPORE CITIZEN	Email Address edmundzhou@hotmail.com	
Occupation Sales manager	Sex Male	Age 31
Institution/School Name	Date of Birth 02/09/1990	Race Chinese
Date/Time Of Incident 18/08/2022 13:50 - 18/08/2022 14:00	Location Of Incident 2 ADAM ROAD ADAM FOOD CENTRE SINGAPORE 289876	

Brief details.

On 18/08/2022, at about 1310 hrs, my vehicle (SLT737K) was stationary parked at the Adam Food Centre along Adam Road.

When I returned to collect my vehicle at about 1350 Hrs, I discovered a hand written note on my front windscreen, informing me that he (Josef - Hp: 91699121) witnessed a lorry bearing vehicle registration number GBD6297B had hit onto my vehicle when the driver was reversing his lorry into the parking lot next to my vehicle. The witness highlighted that the said driver did not alight from his lorry to check on my

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: 19/08/2022 11:58
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



E/20220819/7010

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220819/7010

vehicle but left the scene immediately.

My vehicle was installed with in-car camera and I managed to retrieve the footage of the collision.

Subjects Involved			
Victim			
Person Name	EDMUND ZHOU JIAYI		
ID Type	NRIC NO	ID No	S9031860H
Gender	Male	Age	31
Race	Chinese	Language	English
Occupation	Sales manager	Address	130A LORONG 1 TOA PAYOH #28-508 SINGAPORE 311130
Mobile No	81802492	Is Informant A Victim?	Yes
Person Name	EDMUND ZHOU JIAYI (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
19/08/2022 11:58

Classification Of Case: