

# 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 ..... 27/09/2022 18:45 (SGT)  
Reported by ..... Both  
Date of Accident ..... 26/09/2022 16:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SELETAR WEST LINK.  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJU1933Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SOH ZHI HUI  
NRIC No ..... S9120520C  
Email Address ..... s.zhihui.zh@gmail.com  
Mobile Phone No ..... (Phone) +65-96917862  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5127446383

### DRIVER

Name of Driver ..... SOH ZHI HUI  
NRIC No ..... S9120520C  
Date Of Birth ..... 03/06/1991  
Occupation ..... Indoor

Date Of Driving Pass .....	08/02/2010
Driving experience .....	12 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96917862
Alt. Phone Number .....	-
Email Address .....	s.zhihui.zh@gmail.com
Address .....	103 WOODLANDS VIEW #02-05
Address complement .....	-
Postcode .....	737709
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) .....	1
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 .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
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? .....	Yes
Reasons for not uploading a video of the accident .....	WILL PROVIDE THE VIDEO TO INSURANCE WHEN REQUIRED.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMQ4826P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private car
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) .....	-


# **IMPORTANT NOTICE**

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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:

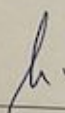
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

  
Policyholder's Signature / Date & Time

27/9/2022  
E 1630hr

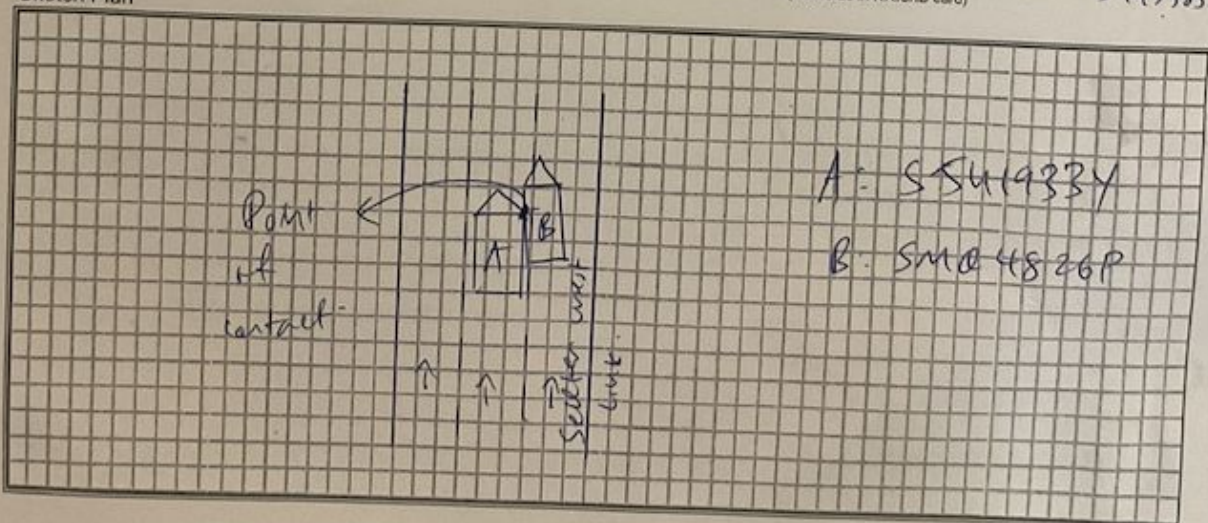
  
Driver's Signature (if driver is not the policyholder) / Date & Time

27/9/2022  
E 1630hr

 h. Muhammad Nizam Bin Azim  
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

5997335

## **Sketch Plan**





Describe Circumstance of the Accident

refer to police report.

Declaration

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



27/9/2022  
1620h



27/9/2022  
1630h



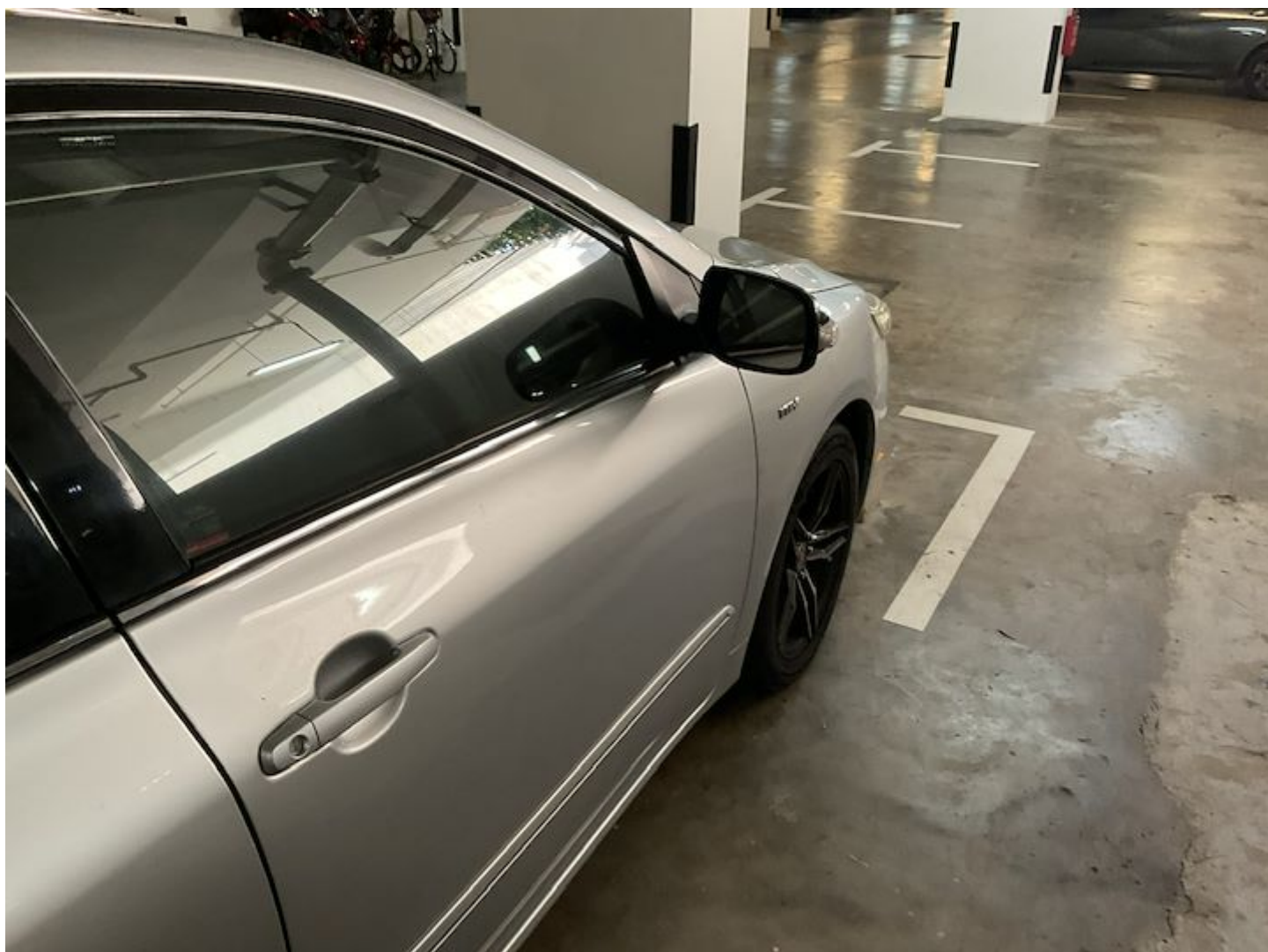
Muhammad Nizar  
Bin Ali

Policyholder's Signature / Date & Time

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

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

5443585


















**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220926/2178

1 of 3

Report No. T/20220926/2178

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 26/09/2022 18:00	Vide Report No.:	Station Diary No.: 63
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**Informant's Particulars**

Name of Informant: SOH ZHI HUI	Address: BLK 103 WOODLANDS VIEW #02-05 SINGAPORE 737709		
ID Type / ID No.: NRIC NO / S9120520C	Contact No.: Home/Office: Mobile: 96917862		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 31	Date of Birth: 03/06/1991	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: AIR TRAFFIC CONTROLLER	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: 26/09/2022 16:25	Type of Location: Straight Road
Location:  SELETAR WEST LINK			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJU1933Y	Car	TOYOTA	COROLLA ALTIS 1.6 AUTO	Silver	Slightly Damaged	0
SMQ4826P	Car	AUDI	A3 SEDAN 1.0 TFSI S TRONIC (LED)	Blue		0

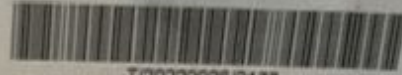
**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999



T/20220926/2178

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Report No. T/20220926/2178

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJU1933Y	NTUC Income Insurance Co-Operative Limited	5127446383	23/05/2022	22/05/2023

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SOH ZHI HUI	ID No.	S9120520C
Related Vehicle	SJU1933Y (Car)	Contact No.	96917862
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 26/09/2022 at about 1627hrs, I was driving along Seletar West Link towards Yishun Ave 1 on the middle lane. While driving, a car hit onto my right side mirror as it drove past me. This caused the casing of the side mirror to drop off and bend forwards. There were also damages on the right signal light. The car did not stop and continued to drive off. I observed that there were damages on the car's left side mirror. I have an in-car camera installed and it showed that a car, SMQ4826P, had hit onto my right side mirror.



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T/20220926/2178

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Report No. T/20220926/2178

**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:

L /  
SGT 3 MUHAMMAD SYAZRUL  
HAZEEQ BIN MOHD  
MASHARUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / HRT /  
SR STAFF SGT IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Signature Of Informant:

Date/Time:  
26/09/2022 18:00

Classification Of Case:

NP168