Your NCD will be affected due to late reporting

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 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	07/09/2022 17:01 (SGT)
Reported by	Both
Date of Accident	03/09/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INFRONT OF BLK 255 YISHUN RG RD AT Y17 CAR PARK, LOT. 377
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4151T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUMNI BINTI ALI
NRIC No	S1420446F
Email Address	rizman_johnny88@live.com
Mobile Phone No	(Phone) +65-81862384
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA AXIO 1.5X A
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	1496

INSURANCE COMPANY

Name of Insurance Company	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number	MA020982

DRIVER

Name of Driver	JUMNI BINTI ALI
NRIC No	S1420446F
Date Of Birth	07/07/1960

Occupation	Indoor
Date Of Driving Pass	29/11/2002
Driving experience	19 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81862384
Alt. Phone Number	-
Email Address	rizman_johnny88@live.com
Address	BLK 255 YISHUN RING RD #06-1119
Address complement	-
Postcode	760255
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT ATTACHED.

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	SD CARD WITH TRAFFIC POLICE.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX4927Y
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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)	-

VEH NO : SLB 4151 T

INSURER : Etiqa

DATE OF ACC : 03/9/22 @ 10:00 am

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

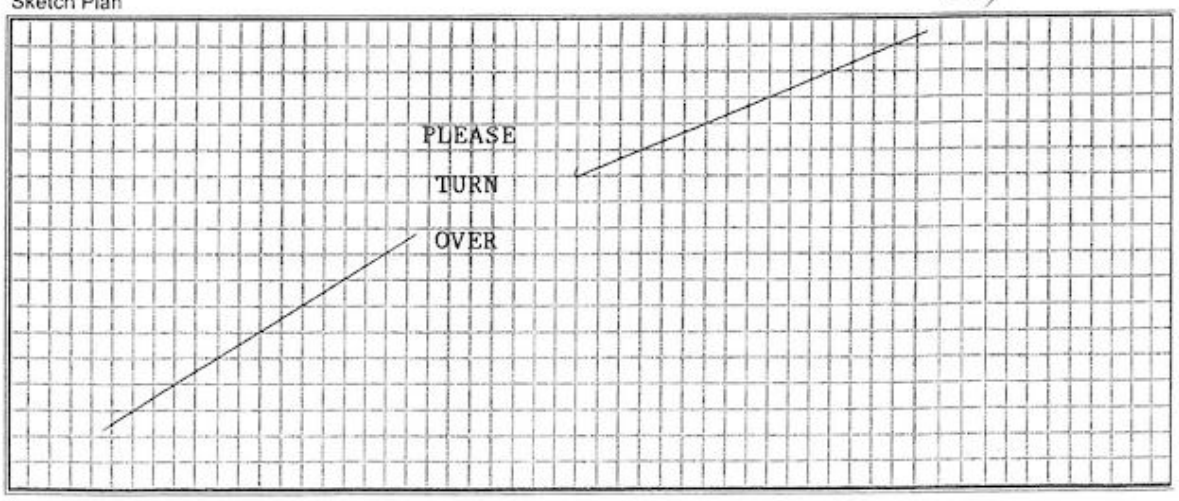
(collectively the "**Purposes**")

(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	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) (YS)
		7/9/22

Sketch Plan



1

Describe Circumstance of the Accident

** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy (✓) Claim Third party ( ) Reporting Onlly

( ) Claim OD/ TP at other workshop (_____)

Sketch Plan

Blk 255 Yishun Rg Rd
at Y17 Car Park, Lot. 377

Third Party: QX4927Y

Refer to Police Report No: T/20220903/7021

Declaration

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

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)

7/9/22

(YS)

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

SINGAPORE POLICE FORCE

T/20220903/7021

Report No. T/20220903/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
03/09/2022 12:16	L/20220903/0070	

Informant's Particulars

Name of Informant: JUMNI BINTI ALI			Address: 255 YISHUN RING ROAD #06-1119 SINGAPORE 760255	
ID Type / ID No.: NRIC NO / S1420446F			Contact No.: Home/Office: Mobile: 81862384	
Nationality: SINGAPORE CITIZEN			Email: rizman_johnny88@live.com	
Sex: Female	Age: 62	Date of Birth: 07/07/1960	Type of Informant: Vehicle Owner	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: Unemployed			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/09/2022 10:00	Type of Location: Car Park
Location: YISHUN RING ROAD				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two 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	Conditio	No of
QX4927Y	Police Patrol Car					0
SLB 4151T	Car	TOYOTA	Corolla Axio	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

SINGAPORE POLICE FORCE

T/20220903/7021

Report No. T/20220903/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLB 4151T	ETIQA INSURANCE BERHAD	MA020982		

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Vehicle Owner					
Name	JUMNI BINTI ALI		ID No.	S1420446F	
Related Vehicle	SLB 4151T (Car)		Contact No.	81862384	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave		NIL	Degree of	NIL	

Brief Details.
On the 3/9/2022, at approximately 1000hrs, I went down to wash my car but I was approached by a few officers informing me that reversing police patrol car hit the front, left side of my car, Model: Toyota Corolla Axio 1.6, Colour: Grey, Vehicle Registration Number: SLB 4151T , which was parked at Lot Number:377 at Carpark Y17 (infront of Block 255 Yishun Ring Road). The location of the parked car is at my place of residences. The officer in charge also collected 1x Sandisk Micro SD from my in-car camera to be brought back to the Traffic Police.

SINGAPORE POLICE FORCE

T/20220903/7021

Report No. T/20220903/7021

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 03/09/2022 12:16
Officer In Charge Of Case: TP / TPIB / YUS MASTARI I KHAZALI Contact No.: 65476347	Classification Of Case:

This report is lodged at Yishun North NPC Kiosk 1

NP168

SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP

Ref: Report No: 2/20220903/0070

I, SS Hafiz
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of Traffic Police
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

1 One San Disk Ultra 64GB Micro SD Card.
2
3
4
5
6
7
8
9
10

from Jumni Binti Ali S1420446F hp: 81862384.
(Name, NRIC or Passport No. / Rank and No.)

of SEB 4151 T. Toyota / Silver
(Address / Police Station / NPC / NPP)

on 3/9/2022 (Date) at 1030. (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

(Signature)

JUMNI S1420446F
(Name, NRIC or Passport No. / Rank and No.)

Received by:

Signature

SS Hafiz.
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 10 Ismail. 6547 6185.

NP 323 (2/16)

SINGAPORE POLICE FORCE
SAFEGUARDING EVERY DAY

CASE CARD

Report Number: 2/20220903/0070

Traffic Accident along BK 255 Yishun Ring Rd. Blk 377

Involving vehicles: SK 4927Y X SZB 4151Y

On 3/9/22 at about 1000 am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (https://eservices.police.gov.sg) within 24 hours.

NP319E (2019)

You are required to be present at Traffic Police on
at am / pm to meet the Investigation Officer to assist in the investigation.

Please bring along your :-
a) Identity Card / Passport / Work Pass
b) Driving License / Vocational License
c) Vehicle Insurance / Medical Certificate
d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:
IC: 10 Ismail TEL: 65476185
Investigation Branch: 6547 6391 **Email:** SPF_TP_Invest_Branch@spf.gov.sg

NP319E (2019)

eTiQa Insurance

INTERVIEW FORM

Name (Driver) : Jumni Binti Ali

Policy No : MA 020982

Vehicle No : SLB 4151T

Place of Accident : Blk 255 Yishun Ring Rd - Y17 Carpark Lot. 377

Insured Driver's relationship with Insured : Owner

Drink Driving of Insured and/or Insured Driver : NIL

No of passenger(s) in Insured vehicle : NIL

Injury to Insured and/or Insured driver, please indicate which hospital:

NIL

Third Party Vehicle No (if any) : QX 4927Y

No of passenger(s) in Third Party Vehicle : Not sure

Injury to Third Party driver and/or passenger(s), please indicate which hospital:

NIL

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:

Damage whilst parked

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):

NIL

Traffic Police report (enclosed) : (Yes) / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Driver (Name & Signature) / Date
I, affirmed the above information is given to my best knowledge

Sharon 7/9/22
Attended by (Name & Signature) / Date
Workshop Name: Chong Hoe Motor Pte Ltd

Etiqa Insurance Pte Ltd
One Raffles Quay
#22-01 North Tower
Singapore 048583

T +65 63360477
F +65 63392109

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