

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	24/04/2023 13:55 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/04/2023 10:22 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YISHUN BLK 841 CAR PARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR3410C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ZAINOL BIN DIN
NRIC No	SXXXX592B
Email Address	ZAINOL.DIN56@GMAIL.COM
Mobile Phone No	(Phone) +65-97714373
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5121253311-02

DRIVER

Name of Driver	ZAINOL BIN DIN
NRIC No	SXXXX592B
Date Of Birth	24/11/1956
Occupation	Indoor

Date Of Driving Pass	23/12/1998
Driving experience	24 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97714373
Alt. Phone Number	-
Email Address	ZAINOL.DIN56@GMAIL.COM
Address	BLK 841 YISHUN ST 81 #02-260
Address complement	-
Postcode	760841
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	Collision - Head to Rear
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ATTACHED POLICE REPORT

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	GBK6364D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

WITNESS DETAILS

WITNESS 1

Name	DINNIE
Phone	(Phone) +65-82253932
Email	-

SKETCH PLAN

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

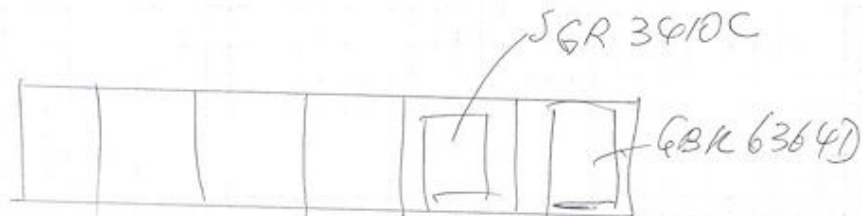


Policyholder's Signature / Date & Time

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed by Reporting Centre Personnel

Sketch Plan



Yishu St 81

Describe Circumstances of the Accident

Police Report Match

Declaration

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

CITY AUTO PTE LTD

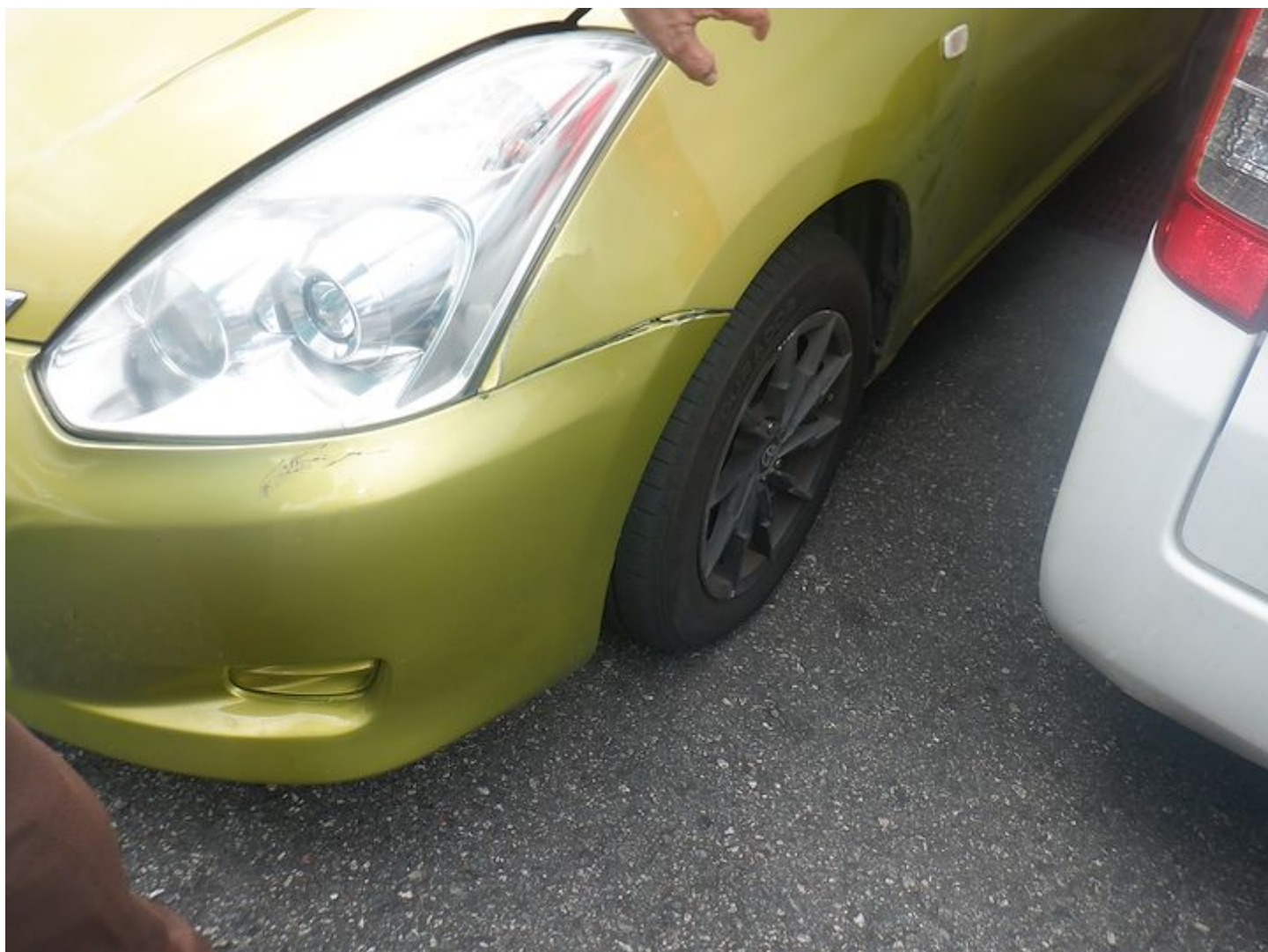
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944

(Claims Section)
Witnessed by Reporting Centre
Personnel





























**SINGAPORE
POLICE FORCE**



T/20230421/2114

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20230421/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/04/2023 22:12		Vide Report No.:		Station Diary No.: 146
Informant's Particulars				
Name of Informant: ZAINOL BIN DIN		Address: APT BLK 841 YISHUN STREET 81 #02-260 SINGAPORE 760841		
ID Type / ID No.: NRIC NO / S1191592B		Contact No.: Home/Office: Mobile: 97714374		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 66	Date of Birth: 24/11/1956	Type of Informant: Vehicle Owner	
Race: Malay		Language: English		
Occupation: Retiree		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: 20/04/2023 22:20	Type of Location: Car Park
Location: YISHUN STREET 81				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		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
GBK6364D	Lorry					0
SGR3410C	Car				Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20230421/2114

CONTINUATION OF REPORT

Vehicle Owner			
Name	ZAINOL BIN DIN	ID No.	S1191592B
Related Vehicle	SGR3410C (Car)	Contact No.	97714374
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 20/04/2023 at about 5 plus in the evening, I parked my car bearing registration number SGR3410C at the opened carpark at Blk 841 Yishun Street 81. All was in order.

On 21/04/2023 at about 8pm, I went to retrieve my car to discover that there was damages on the left front bumper; scratches, dents and cracked. My neighbour one Dinnie (Tel: 82253952) came to to inform that he saw a lorry bearing registration number GBK6364D had collided to my car when the driver was reversing to the parking lot beside mine. Dinnie took photos of the lorry.

I do not know the driver of the said lorry. My car was not installed with any dashcam. I am lodging this report for insurance claimant.



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POLICE FORCE**



T/20230421/2114

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Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20230421/2114

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
L /
SR STAFF SGT YAP YHEE HOE

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:
21/04/2023 22:12

Classification Of Case:

NP168