

# 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 .....	27/05/2023 20:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	27/05/2023 00:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	878 Tampines Avenue 8 open space carpark
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMS5201A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMMAD SHARIL BIN KHAMIS
NRIC No .....	S9228038A
Email Address .....	donz8803@gmail.com
Mobile Phone No .....	(Phone) +65-89508436
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Wish
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 .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5116887350-03

### DRIVER

Name of Driver .....	MOHAMMAD SHARIL BIN KHAMIS
NRIC No .....	S9228038A
Date Of Birth .....	28/07/1992
Occupation .....	Indoor

Date Of Driving Pass .....	29/03/2011
Driving experience .....	12 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-89508436
Alt. Phone Number .....	-
Email Address .....	donz8803@gmail.com
Address .....	APT BLK 165 TAMPINES STREET 12
Address complement .....	#06-313
Postcode .....	S521165
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 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 .....	SMY3621D
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Private hire
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) .....	2

PASSENGER 1

Name .....	DENKA
Gender .....	Male

WITNESS DETAILS

WITNESS 1

Name .....	DENKA
Phone .....	(Phone) +65-82027889
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' 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

27/05/2023

1945 hrs

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

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

Sketch Plan

A: SMS 5201A  
B: SMY 36120

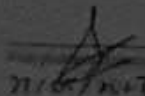
878 Tampines Avenue 8  
878-SPRINT CARPARK

Describe Circumstance of the Accident


Refer to police report : T/2023 0527 / 7409  
 My vehicle was parked when accident happen. Vehicle B  
 hit and run on my vehicle. Passenger of vehicle B (Gujarati  
 driver) witness the whole incident and left a note on my  
 windscreen.

Declaration

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

  
 27/07/2023 1945 hrs

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

 Kenc Chong, Chiang  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)



**SINGAPORE  
POLICE FORCE**



T/20230527/7009

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

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Report No. T/20230527/7009

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/05/2023 09:40	Vide Report No.: G/20230527/0080	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMMAD SHARIL BIN KHAMIS			Address: 165 TAMPINES STREET 12 #06-313 SINGAPORE 521165	
ID Type / ID No.: NRIC NO / S9228038A			Contact No.: Home/Office: Mobile: 89508435	
Nationality: SINGAPORE CITIZEN			Email: DONZ8803@GMAIL.COM	
Sex: Male	Age: 30	Date of Birth: 28/07/1992	Type of Informant: Vehicle Owner	
Race: Ceylonese			Language: English	
Occupation: Supply and distribution/Logistics/Warehousing manager			Driving Licence Information: Class: 3,4 Date of Expiry: 29/03/2011	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/05/2023 00:15	Type of Location: Car Park
Location:  TAMPINES AVENUE 8				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SMS5201A	Car	TOYOTA	WISH	Black	Seriously Damaged	0
SMY3621D	Car	HONDA	SHUTTLE HYBRID			1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20230527/7009

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

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Report No. T/20230527/7009

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMS5201A	NTUC INCOME	5116887350-03	25/05/2023	24/05/2024

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	MOHAMMAD SHARIL BIN KHAMIS	ID No.	S9228038A
Related Vehicle	SMS5201A (Car)	Contact No.	89508435
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: 29/03/2011
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	DENKA	ID No.	NIL
Related Vehicle	SMY3621D (Car)	Contact No.	82027889
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details**

The vehicle stationary, go jek driver hit and run.



**SINGAPORE  
POLICE FORCE**



T/20230527/7009

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

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Report No. T/20230527/7009

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Signature Of Informant:

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

Date/Time:  
27/05/2023 09:40

Classification Of Case:

This report is lodged at Tampines NPC Kiosk 1  
NP152