

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 | 18/05/2023 10:39 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 17/05/2023 12:05 (SGT) |
| Exact Location of Accident | Veerasamy Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SME8011K |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------------|
| Is company? | No |
| Name Of Registered Owner | XANDIA KOO YONG QI @ NUR XARA KOO |
| NRIC No | SXXXX870G |
| Email Address | XANDIAKOO@GMAIL.COM |
| Mobile Phone No | (Phone) +65-98337725 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | RAIZE |
| 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 | 996 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5135115986 |

DRIVER

| | |
|----------------------|--------------------------|
| Name of Driver | MUHAMMAD YAZID BIN KASAN |
| NRIC No | SXXXX583D |
| Date Of Birth | 10/04/1997 |
| Occupation | Indoor |

| | |
|--|----------------------------|
| Date Of Driving Pass | 29/01/2021 |
| Driving experience | 2 YEARS AND 4 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-92951981 |
| Alt. Phone Number | - |
| Email Address | MUHD.YAZID.KASAN@GMAIL.COM |
| Address | BLK 112 SIMEI ST 1 #07-670 |
| Address complement | - |
| Postcode | 520112 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 | Rochor Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18002949999 |
| Alt. Police Station Phone No | (Fax) +65-63918583 |
| Police Station Address | 11 Kampong Kapur Road Singapore 208678 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT NO. T/20230517/2046

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 | WITH OWNER |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | GBM2654H |
| Vehicle Manufacturer | - |
| Vehicle Model | - |

| | |
|---|---------------|
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Goods 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) | - |

SKETCH PLAN**IMPORTANT NOTICE**

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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)

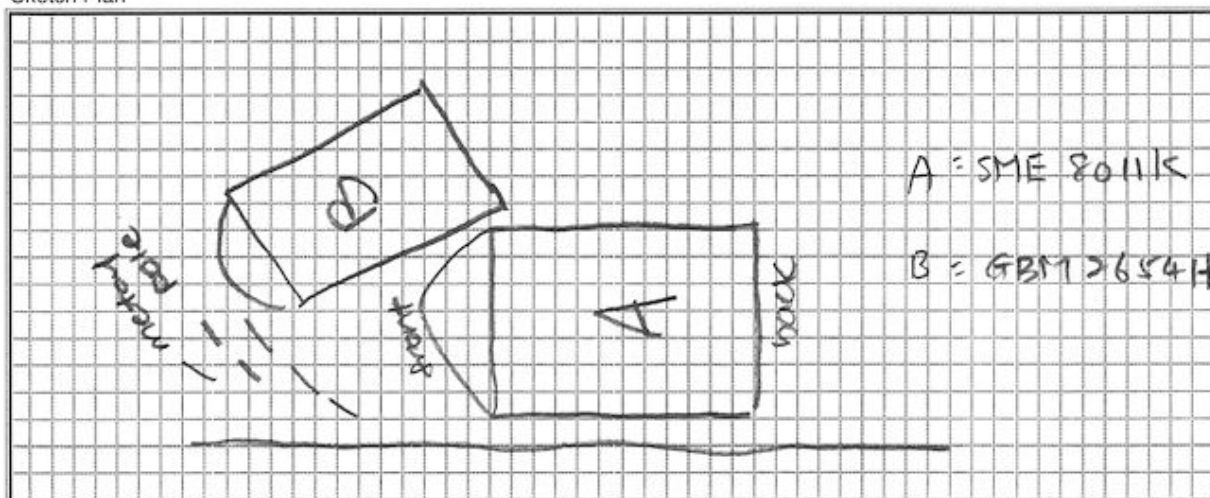
I understand, acknowledge, agree and consent that:

- (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.

 17/5/23
Policyholder's Signature / Date & Time


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


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

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

As per police report no. T/20230517/2046

Describe Circumstance of the Accident

As per police report no. T/20230517/2046

Declaration

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

X 17/15
Policyholder's Signature / Date & Time

23 
Actual Driver's Signature (if driver is not the policyholder)
/ Date & Time



vJun2022

2



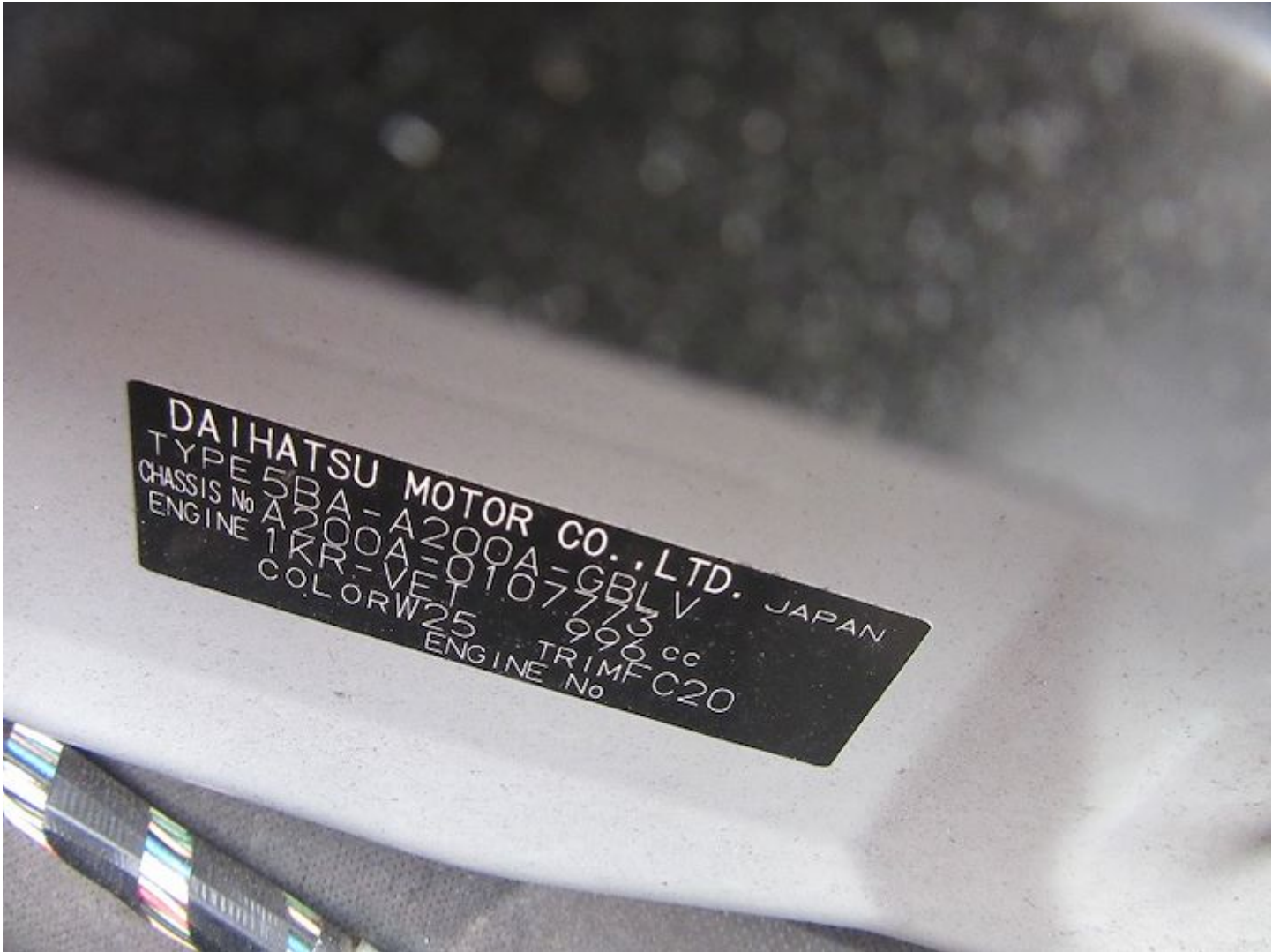















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20230517/2046

1 of 3

Report No: T/20230517/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
17/05/2023 14:11

Vide Report No.:

Station Diary No.:
47

Informant's Particulars

Name of Informant:
XANDIA KOO YONG QI

ID Type / ID No.:
NRIC NO / S9804870G

Nationality:
SINGAPORE CITIZEN

Sex: Female Age: 25 Date of Birth: 08/02/1998

Race:
Chinese

Occupation:
PATIENT SERVICE ASSOCIATE

Address:
APT BLK 112 SIMEI STREET 1 #07-670 SINGAPORE 520112

Contact No.: Home/Office: Mobile: 983377245

Email:
xandiakoo@gmail.com

Type of Informant:
Passenger

Language:
English

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident: Non-Injury Hit and Run

Drink Drive:
No

Date/Time of Accident:
17/05/2023 12:05

Type of Location:
BEFORE ZEBRA CROSSING

Location:

VEERASAMY ROAD

Weather:
Clear

Road Surface:
Dry

Traffic Flow:
One Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

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 |
|-------------|------|--------|-------|-------|------------------|-----------------|
| SME8011K | Car | TOYOTA | RAIZE | White | Slightly Damaged | 1 |

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



SINGAPORE POLICE FORCE



T/20230517/2046

2 of 3

Report No. T/20230517/2046

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|--------------------|--|-----------------------------------|
| Passenger | | | |
| Name | XANDIA KOO YONG QI | ID No. | S9804870G |
| Related Vehicle | SME8011K (Car) | Contact No. | 98337724 s |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On 17/05/2023 at around 1207hrs, I was sitting at the front passenger seat of my car (White, Toyota Raize, SME8011K) which was parked along Veerasamy Road. All of a sudden a lorry that was parked too near to my vehicle was exiting out of his parking lot which then grazed onto the right side of my vehicle. The vehicle then left.

I exited my vehicle and checked, there were scratches to the front bumper and a front part of the external car accessory had broke off.

I have an in-car camera that might have seen the license plate of the lorry.

That is all.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999



T/20230517/2046

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Report No. T/20230517/2046

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

A/
SGT 2 MUHAMMAD FARHAN
BIN MOHD AZMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
SR STAFF SGT RASHIDAH BINTE AZMAN
Contact No.: 65476902

Signature Of Informant:

Date/Time:
17/05/2023 14:11

Classification Of Case:

NP168