

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	04/07/2023 08:43 (SGT)
Reported by	Actual Driver
Date of Accident	03/07/2023 08:33 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG HOUGANG AVENUE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF5964L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YF MARSYA
Company Reg No	5XXXX997E
Email Address	dayanbz@hotmail.com
Mobile Phone No	(Phone) +65-93361556
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR004531-R02

DRIVER

Name of Driver	DAYAN BIN ZAINUDDIN
NRIC No	SXXXX558E
Date Of Birth	09/11/1989
Occupation	Outdoor

Date Of Driving Pass	22/07/2010
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-93361556
Alt. Phone Number	-
Email Address	dayanbz@hotmail.com
Address	APT BLK 139 LORONG AH SOO
Address complement	# 03-185
Postcode	530139
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Side Swipe
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)	3
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	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT - T/20230703/2009

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM3580E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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

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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.



[Handwritten Signature]

030723

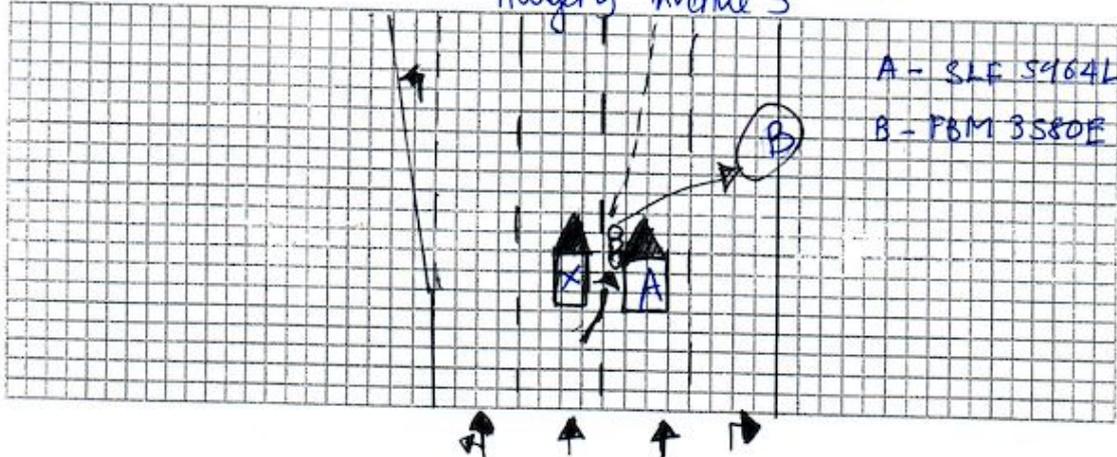
[Handwritten Signature] 1/7/2023

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe the Circumstance of the Accident

please Refer to the attached
police Report - T12023.0303/2009.

Declaration

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



Policyholder's Signature / Date & Time

030723

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

epulir 4/7/2023

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

v.ksa2022

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**SINGAPORE
POLICE FORCE**



T/20230703/2009

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20230703/2009

CONTINUATION OF REPORT

Brief Details.

On 03/07/2023 at about 0833hrs, I was driving my vehicle (SLF5964L) along Hougang Ave 3 approaching junction of Bartley Road East. One motorcycle (FBM3580E) who was riding on my left hit my car. I horn at him, but he did not stop and rode off. I make a check on my car and discovered scratches and dents on my left front passenger area.


















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T/20230703/2009

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Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20230703/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2023 10:23	Vide Report No.:	Station Diary No.: 61
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Informant's Particulars

Name of Informant: DAYAN BIN ZAINUDDIN		Address: APT BLK 139 LORONG AH SOO #03-185 SINGAPORE 530139	
ID Type / ID No.: NRIC NO / S8939558E		Contact No.: Home/Office: Mobile: 93361556	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 33	Date of Birth: 09/11/1989	Type of Informant: Driver
Race: Malay		Language:	
Occupation: ENGINEER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/07/2023 08:30	Type of Location: Straight Road
Location: HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One 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
FBM3580E	Motorcycle					0
SLF5964L	Car				Slightly Damaged	2



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T/20230703/2009

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3 of 3
Report No. T/20230703/2009

CONTINUATION OF REPORT

031
031



031
031

Signature of Officer Recording The Report: F / SGT 1 RUZSHAHFIL BIN NGIRWAN	
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: 03/07/2023 10:23	
Classification Of Case:	

NP168