

## 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 Authorised 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 ability
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 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 Report	18/05/2016 12:03
Date Of Accident	18/05/2016 09:10
Exact Location Of Accident	MANDAI RD TWDS YISHUN AFT BKE EXIT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5263A
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#### Insured/Policyholder

Name Of Registered Owner	ASOKARAJAN S/O ANAMALAI
NRIC No	S1842760E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81807635
Alternative Phone No	Others-81807635

#### Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

#### Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5070046824-01
Cover Note Number	

#### Driver

Name of Driver	THIVAGAR S/O ASOKARAJAN
NRIC No	S9409306F
Date Of Birth	12/03/1994
Occupation	Indoor
Date Of Driving Pass	13/02/2013
Driving Experience	3 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-81807635
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 225 BUKIT BATOK CENTRAL #09-73
Postcode	650225
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	Collision- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	Yes
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLS REER TO THE ATTACHED STATEMENT.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKD5969X
Vehicle Make/Model/Colour	NISSAN QASHQAI+2 2.0 SMT ABS D/AB SR 7EAT
Details Of Properties	
Name of Driver	TAN KAY HOCK
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF INJURED PERSON 1

Name	THIVAGAR S/O ASOKARAJAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKR5263A
Were seat belts worn?	Yes
Was injured conveyed to hospital by ambulance?	No

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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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' 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

Witnessed by Reporting Centre Personnel

Sketch Plan

Mandai Rd Towards Yishun After BKE Exit

Mandai Road

Exit BKE

Yishun

Vehicle A - SKR 526X4  
Vehicle B - SKD 5967X

## Sketch Plan #2

### Describe Circumstances of the Accident

I was travelling Mandai Road towards Yishun on the center lane of a three lane road after BKE East vehicle in front of me stopped due to traffic light is red. As such, I applied brake and stopped completely. After a few second, I felt a strong impact from the rear portion of my vehicle. Due to the strong impact and my vehicle push to the left. After the accident, I alighted and realise that vehicle B drove from the extreme right lane cut into my lane and collided on to the right rear portion of my vehicle.

A - SKR526SA  
B - SKD5A69X

### 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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

