

## 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	24/06/2016 09:38
Date Of Accident	24/06/2016 08:05
Exact Location Of Accident	YISHUN AVE 1 TOWARDS LENTOR AVE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG7191E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOSEPH AARON BARNITUS
NRIC No	S1730597B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98164521
Alternative Phone No	Office-98164521

### Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
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
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	5030098906-07 (DRIVO CLASSIC)
Cover Note Number	

### Driver

Name of Driver	JOSEPH AARON BARNITUS
NRIC No	S1730597B
Date Of Birth	21/05/1965
Occupation	Indoor
Date Of Driving Pass	15/09/1984
Driving Experience	31 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-98164521
Fax Number	
Contact Number	Office-98164521
Email Address	NOEMAIL

Address BLK 937 #04-137 TAMPINES AVENUE 5  
 Postcode 520937  
 Was driver an employee of the Insured's Company No  
 If No, Relationship of the Driver with the Insured Owner  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident Collision- Head to Rear (TP Hit Insured)  
 Weather Conditions Raining  
 Road Surface Wet

#### Other Information

Was any foreign vehicle involved in this accident? No  
 Was any body injured in the Accident? No  
 Was any other material or property damaged? Yes  
 Was there any video captured by Car Camera? No  
 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

ACCIDENT HAPPENED ON 24TH JUNE 2016 AT ABOUT 08:05 HOURS. PLEASE REFER TO STATEMENT ATTACHED.  
 (ATTENDED BY CHRISTINA)

Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHF665E  
 Vehicle Make/Model/Colour RENAULT  
 Details Of Properties  
 Name of Driver NAH HUCK LIAN @ MUHAMMAD LIAN  
 NRIC/Passport Number S1588240I  
 Contact Number 81578628  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address



**SKETCH PLAN****IMPORTANT NOTICE**

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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.

24 JUN 2016

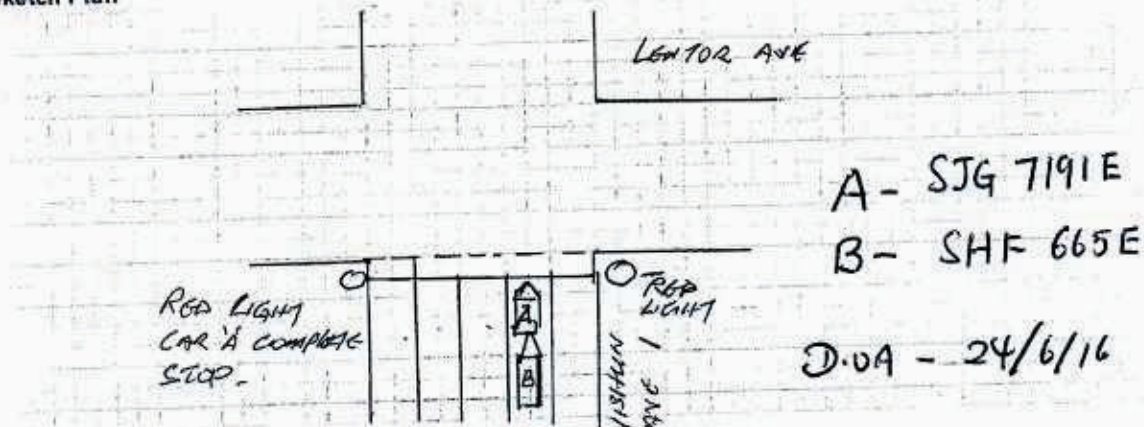
24 JUN 2016



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Describe Circumstances of the Accident

ON 24 JUNE 2016 AT 0805 AM I WAS AT THE TRAFFIC LIGHT  
BOX JUNCTION OF YISHUN AVE 1 AND LENTOR AVE. I WAS ON THE  
SECOND TURN LANE HEADING TOWARDS THE CTR ON LENTOR AVE 1

MY CAR WAS AT A COMPLETE STOP ON THE SECOND TURN LANE OF THE  
TRAFFIC LIGHT. <sup>AS THE LIGHT WAS RED</sup> I LOOKED AT MY REAR VIEW MIRROR AND SAW A RED  
TAXI APPROACHING MY CAR FROM BEHIND. MINUTES LATER THE  
TAXI STRUCK MY CAR FROM BEHIND VERY HARD AND IT PUSHED  
MY CAR BEYOND THE PEDESTRIAN CROSSING LINE.

WHEN I CAME OUT OF MY CAR SEEING THE TAXI DRIVER  
TAXI NO. SHP665E MR NAI HUCK LAN NAI NIZR SIS 2401  
ALSO CAME OUT AND STARTED APOLOGISING TO ME AND SAID HE WAS  
VERY SORRY BUT HE TRIED TO STOP. HE SAID THE ROAD WAS  
SLIPPERY AND HE COULD NOT STOP IN TIME. HE SAID HE WAS  
WARNING AND WOULD MAKE FULL PAYMENT FOR ALL MY CAR  
DAMAGE. AS HE HAD PASSENGERS IN HIS TAXI HE ASK IF HE  
COULD GO AFTER WE EXCHANGED ALL OUR DETAILS.  
SO WE TOOK PICTURES OF THE CAR AND TAXI DAMAGE  
AND PERSONAL DETAILS. THEN WE DROVE OFF.

## Declaration

We declare the foregoing particulars are true in every respect.

24 JUN 2016

24 JUN 2016



Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel