

## 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	01/08/2017 12:31
Date Of Accident	31/07/2017 18:20
Exact Location Of Accident	ALONG PASIR PANJANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFN638R
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM B ABU BAKRIN
NRIC No	S0177595B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97651031
Alternative Phone No	OTHERS-97651031

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M488670
Cover Note Number	

### Driver

Name of Driver	ABDUL RAHIM B ABU BAKRIN
NRIC No	S0177595B
Date Of Birth	08/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	31/05/1997
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97651031
Fax Number	
Contact Number	OTHERS-97651031
Email Address	NOEMAIL

Address	BLK 235 CHOA CHU KANG CENTRAL #08-25
Postcode	680235
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 - 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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

I WAS TRAVELLING STRAIGHT ALONG PASIR PANJANG RD ON THE 2ND LANE OF A3-LANES RD. SUDDENLY VEH(B) BEARING REG NO PC2075R FROM MY LEFT LANE SWERVED HIS VEH INTO MY LANE DUE TO THE STATIONARY LORRY INFRT OF HIM AND MY VEH HIT ONTO HIS RIGHT SIDE PORTION.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC2075R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHOW YONG CHAW
NRIC/Passport Number	S2173904I
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	ABDUL RAHIM B ABU BAKRIN
Approximate Age	
Injuries Sustain	CHEST PAIN
Injured person in which vehicle?	SFN638R
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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' 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.

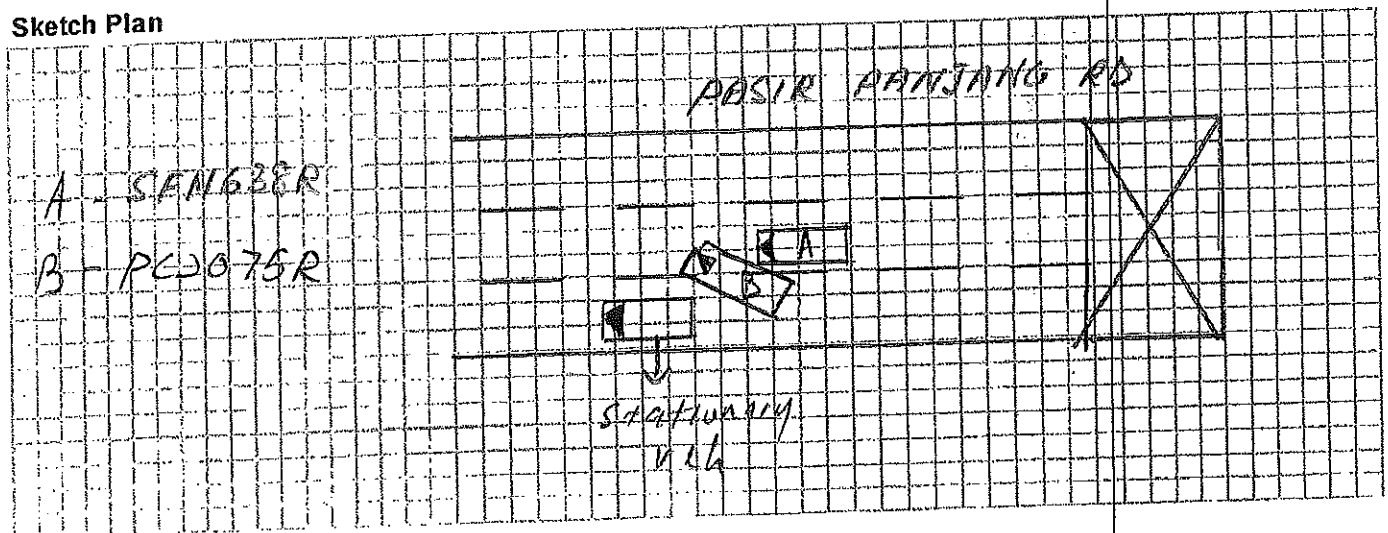
*A. L. S. 01/05/17*

Policyholder's Signature / Date & Time

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

*[Signature]* 01/05/17  
Witnessed by Reporting Centre Personnel

### Sketch Plan



pl's refer to the statement

**We declare the foregoing particulars are true in every respect.**

Witnessed by Reporting Centre  
Personnel