

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	31/07/2017 17:40
Date Of Accident	29/07/2017 10:55
Exact Location Of Accident	X-JUNC OF QUEEN ST & BRAS BASAH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB6636Y
Insured/Policyholder	
Name Of Registered Owner	HAWK ASIA PACIFIC PTE LTD
Co Reg No	200306748G
Email Address	MUHD.NASRI@HAWKRENTACAR.COM.SG
Mobile Phone No	(LOCAL) +65-83324095
Alternative Phone No	OFFICE-64662366

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA NF-2.0 (A)

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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5083541150
Cover Note Number	

Driver

Name of Driver	SHPORT NINA
Passport No/FIN	G6200837M
Date Of Birth	25/12/1972
Occupation	INDOOR
Date Of Driving Pass	11/12/2009
Driving Experience	7 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81831622
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	355 BT TIMAH RD #10-02
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

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
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 DRIVING ALONG QUEEN ST TWDS BUGIS. ON THE CONJUNCTION WITH BRAS BASAH RD ONCE THE TRAFFIC LIGHTS TURNED GREEN, I STARTED CROSSING THE CONJUNCTION. AT THAT MOMENT I WAS HIT ON THE LEFT SIDE BY A TAXI (HYUNDAI SONATA REGISTRATION SHA8467J). I HAVE A WITNESS, THE DRIVER BEHIND THE TAXI WHO CAN CONFIRM THAT THE TRAFFIC LIGHT WAS RED FOR THEM. HIS NUMBER IS 96544706(RYAN). THE TAXI DRIVER HAD A CAMERA IN HIS CAR AND THE CONJUNCTION ALSO HAS A CAMERA.

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	SHA8467J
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LEE SAI POH
NRIC/Passport Number	S1464138F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	RYAN
Phone Number	96544706
Email Address	

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.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Attachment

Describe Circumstances of the Accident

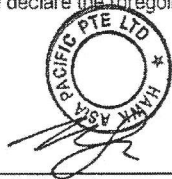
I was driving along Queen Street towards Bugis. On the conjunction with Bras Basah Rd, once the traffic lights turned green, I started crossing the conjunction. At that moment I was hit on the left side bay a taxi. (Hyundai Sonata registration SHA 8467J)

I have a witness, the driver behind the taxi who can confirm that the traffic light was red for them.
his number is 96544766 (Ryan)

The taxi driver had a camera in his car and the
conjunction also has a camera.

Declaration

We declare the foregoing particulars are true in every respect.



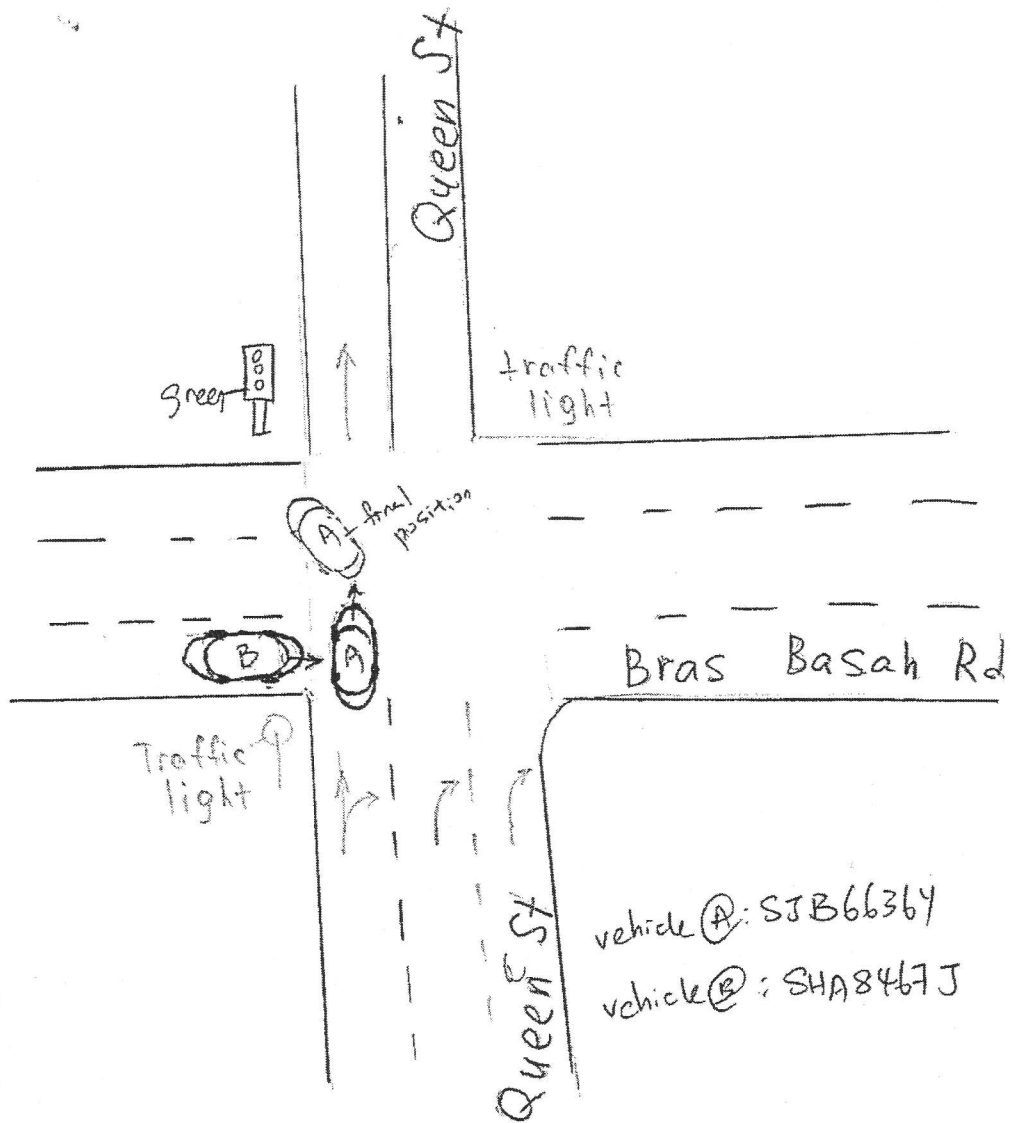
Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

☐ Claim own policy
☒ Claim third party
☐ Claim OD / TP at other's expense
☐ For record purchase only

Policy No 5083541150
Insurer NTUC (T) STB66364



[Signature]