

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	21/11/2017 14:49
Date Of Accident	21/11/2017 07:45
Exact Location Of Accident	ALONG UPPER CHANGI ROAD TOWARDS SIMEI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK3488T
Insured/Policyholder	
Name Of Registered Owner	VIJAYAN SUDHAKAR
NRIC No	G5810364R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92722014
Alternative Phone No	OTHERS-85719067

Vehicle Particulars

Manufacturer	AUDI
Model	A4 1.8 TFSI MU (NAVIGATION & XENON)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5063640778-03
Cover Note Number	10/01/2017-09/01/2018

Driver

Name of Driver	SUDHAKAR INDU
NRIC No	G5833127P
Date Of Birth	11/12/1967
Occupation	INDOOR
Date Of Driving Pass	10/08/2006
Driving Experience	11 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85719067
Fax Number	(LOCAL) +65-85719067
Contact Number	OTHERS-85719067
Email Address	INDU.SUDHAKAR@GMAIL.COM

Address	BLK 8 PARI DEDAP WALK #14-11 TANAMERA CREST
Postcode	486061
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE ALONG UPPER CHANGI ROAD TOWARDS SIMEI ON THE MOST LEFT LANE. AS I APPROACHED THE JUNCTION OF UPPER CHANGI ROAD AND BEDOK NORTH AVENUE 4, I CONTINUED MY JOURNEY BY GOING STRAIGHT AS I NOTICED THAT THE TRAFFIC LIGHT WAS GREEN. WHEN I ENTERED THE TRAFFIC JUNCTION OF UPPER CHANGI ROAD AND BEDOK NORTH AVENUE 4, SUDDENLY A TAXI SHA9296D WAS DRIVING ALONG THE ONCOMING LANE OF UPPER CHANGI ROAD AND HE WANTED TO MAKE A RIGHT TURN INTO BEDOK NORTH AVENUE 4. HOWEVER, HE HAD COLLIDED ONTO THE FRONT RIGHT PORTION OF MY VEHICLE WHEN HE WANTED TO MAKE A RIGHT TURN FROM THE ONCOMING LANE AS HE DID NOT NOTICED MY VEHICLE. (REFER TO POLICE REPORT NO: T/20171121/2087)

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	SHA9296D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
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 SUDHAKAR INDU

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKK3488T

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name UDAY SUDHAKAR

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKK3488T

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

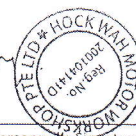
21/11/17 1520 HRS

Driver's Signature
(If driver is not the policyholder)

Date & Time: 21/11/17 1520 HRS

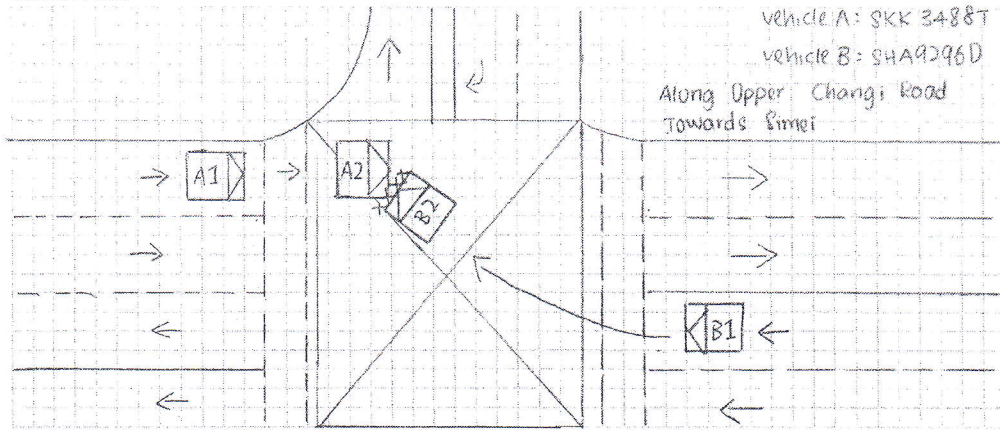
Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report.

DECLARATION

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

Policyholder's Signature

Date & Time:

21/11/17 1520 HRS

CHANGI ROAD POLICE STATION

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/11/17 1520 HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

