

## 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	28/11/2017 13:45
Date Of Accident	27/11/2017 08:55
Exact Location Of Accident	JURONG WEST ST 61/BLK 624 JURONG WEST ST 61 JUNCTI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ5927Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SALLIM B HASHIM
NRIC No	S1398827G
Email Address	IFAJUNIOR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91002955
Alternative Phone No	OFFICE-91002955

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.5 (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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5051994529-06
Cover Note Number	

### Driver

Name of Driver	SHARIFAH NORAZIRAJ BINTE MOHAMED NOOR
NRIC No	S8227325E
Date Of Birth	25/08/1982
Occupation	INDOOR
Date Of Driving Pass	07/03/2012
Driving Experience	5 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

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 - CROSS JUNCTION

Weather Conditions RAINING

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) 1

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

Police Station Address **ROAD:** 10 UBI AVENUE 3 , **POSTCODE:** 408865 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 65470000 - **FAX NO:**

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO SKETCH PLANS

#### 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 SHD3653E

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

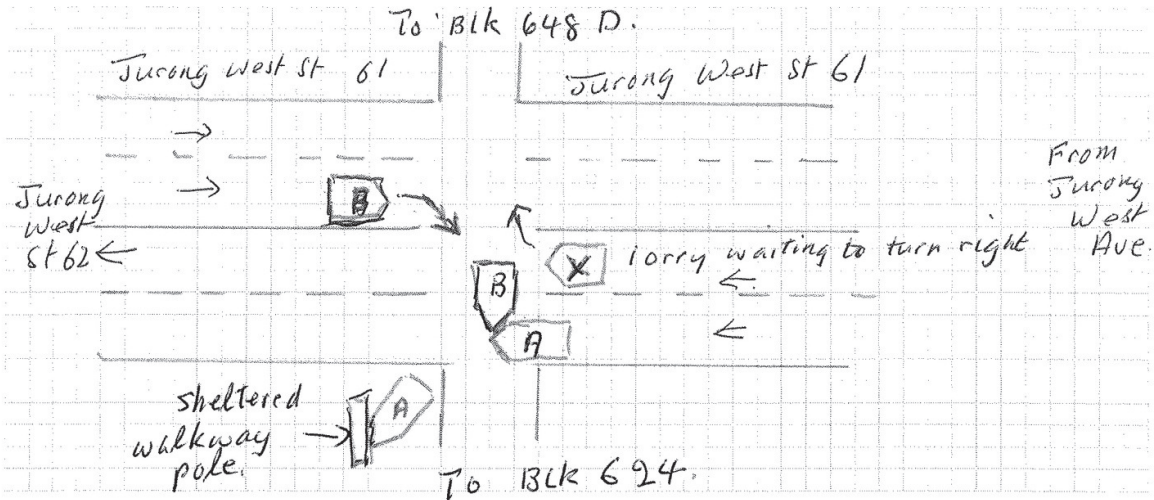
Email Address

DETAILS OF INJURED PERSON 1

Name	SHARIFAH NORAZIRAJ
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJJ5927Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident happened along Jurong West St 61 / Blk 624 HDB service road entrance junction. I was travelling along Jurong West St 61 toward Jurong West St 62 from Jurong West Ave. As I was approaching the HDB service road entrance to Blk 624 a taxi Vehicle No SHD 3653E travelling from the opposite direction suddenly turned right (apparently in to the HDB service road entrance to Blk 624) and hit the right front side of my car. The impact caused my vehicle to lose control, swerve to the left and banged on to a sheltered-walkway pole (after mounting a kerb). The taxi driver said his view of the vehicles from the opposite direction was blocked by a lorry which was waiting to turn right in to the entrance of Blk 648 D. (lane can either turn right or u-turn.) I was conveyed by ambulance to hospital and given 8 days MC.

## DECLARATION

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

S13988276

Sallim B Hashim

Policyholder's Signature

Date & Time:

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

Date & Time:



Reporting Centre Personnel's Signature

Name: BIK Ng

NRIC/FIN No.: 02009490

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.

Sallim B Hashim  
S13988 27 G

Policyholder's Signature  
Date & Time:

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



Reporting Centre Personnel's Signature  
Name: B. K. Ng  
NRIC/FIN No.: 0200944 H