

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	14/12/2017 10:25
Date Of Accident	13/12/2017 19:45
Exact Location Of Accident	TAMPINES ROAD BEFORE DEFU FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF4450J
Insured/Policyholder	
Name Of Registered Owner	AZIANA BINTE AB AZIZ
NRIC No	S8606698Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92972938
Alternative Phone No	OTHERS-97304735
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	5084119161
Cover Note Number	DRIVO CLASSIC
Driver	
Name of Driver	EZYAN FARAHIN BINTE ANUAR
NRIC No	S9105502C
Date Of Birth	19/02/1991
Occupation	INDOOR
Date Of Driving Pass	29/07/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97304735
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 160 PASIR RIS STREET 13 #07-81
Postcode	510160
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	DRIZZLING
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
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 13/12/17 @ 1945hrs, I was waiting in queue on the turn right lane waiting for the traffic light green arrow to appear. When the traffic light turned red and the green arrow appeared in my favour, vehicles in queue started to move off slowly, therefore I started moving off as well. Suddenly, I heard a loud sound from my Vehicle A's left and I decided to stop after making the turn towards Buangkok East Dr/KPE and I realized that a vehicle (Vehicle B) had hit onto the left portion of my Vehicle A. Both of us exchanged particulars and during the conversation, driver of Vehicle B mentioned her vehicle was at the left lane which is a go-straight lane during the mentioned time and that she was trying to change lane to make a right turn. She assumed that I was giving way to her therefore she proceeded to change lane but in actual fact, I was only moving slowly following the car in front of me. No injuries reported at the scene

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	SKR6436L
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Name of Driver	BONG HUI LING
NRIC/Passport Number	S7763305G
Contact Number	98183845
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Vehicle No: SLF4450J

Report Date & Start Time: 14/12/17 / 11:00

Report No: MT/ _____

D.O.A: 13/12/2017

Make / Model: MAZDA 3

Reporting Type: TP End Time: ____ / ____

Time: 1945 hrs
hrs


SKETCH PLAN

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7. By the lodgment 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.
- (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
14/12/17 / 11:00



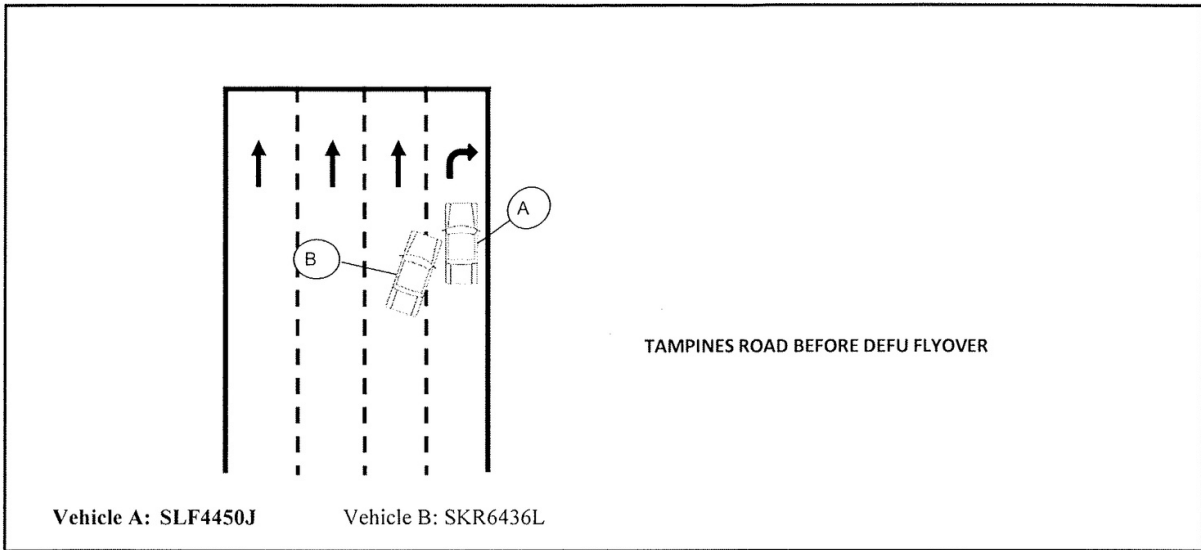
Driver's Signature (if driver is not the policyholder) / Date & Time
14/12/17 / 11:00

Aaron Chuah (S991802) 
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN




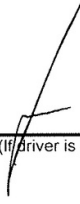
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


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Declaration

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


12/14/2017 11:00
Policyholder's Signature / Date & Time


12/14/2017 11:00
Driver's Signature (If driver is not the policyholder) / Date & Time

Aaron Chuah (S991802) 
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

