

SINGAPORE ACCIDENT STATEMENT

Ntuc - India

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 22/12/2017 17:01
 Date Of Accident 21/12/2017 17:45
 Exact Location Of Accident JUNCTION OF KIM SENG ROAD & RIVER VALLEY ROAD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR8271T
Insured/Policyholder
 Name Of Registered Owner ASTON EVENDI LIGAT
 NRIC No S7372883E
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-98560613
 Alternative Phone No OTHERS-98560613
Vehicle Particulars
 Manufacturer VOLKSWAGEN
 Model JETTA
 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 5092375922
 Cover Note Number DRIVO PREMIUM
Driver
 Name of Driver ASTON EVENDI LIGAT
 NRIC No S7372883E
 Date Of Birth 27/06/1973
 Occupation INDOOR
 Date Of Driving Pass 05/04/1997
 Driving Experience 20 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98560613
 Fax Number
 Contact Number OTHERS-98560613
 EMail Address NOEMAIL

Address	BLK 309C ANCHORVALE ROAD #14-49
Postcode	543309
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	3

Passenger 1	NAME: : CONNIE WOON
	GENDER: : FEMALE

Passenger 2	NAME: : CRYSTAL LIANG
	GENDER: : FEMALE

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 Kim Seng road on the center lane. There are a series of small bends along this route and I proceed slowly with care. When I just passing through the junction of Kim seng road & river valley road, I felt an impact from my vehicle A's rear right portion then i realized that vehicle B had hit onto the rear right portion. NO injuries reported at the scene. i would like to mention that i was inside my lane all the time and i have an in-camera to show the whole incident.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SIZE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8221R
Vehicle Make/Model/Colour	
Details Of Properties	LIMOUSINE TAXI
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	

Contact Number

UNKNOWN

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Vehicle No: SIR8271T

Report Date & Start Time: 22/12/17 / 17:23

Report No. MIT/_____

D.O.A: 21/12/2017
Time: 1745 hrs
hrs

Make / Model: HONDA VEZEL

Reporting Type: 7P End Time: _____

SKETCH PLAN

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 liability.
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. The report will be forwarded by 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 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.




22/12/17 / 17:23

Policyholder's Signature / Date & Time

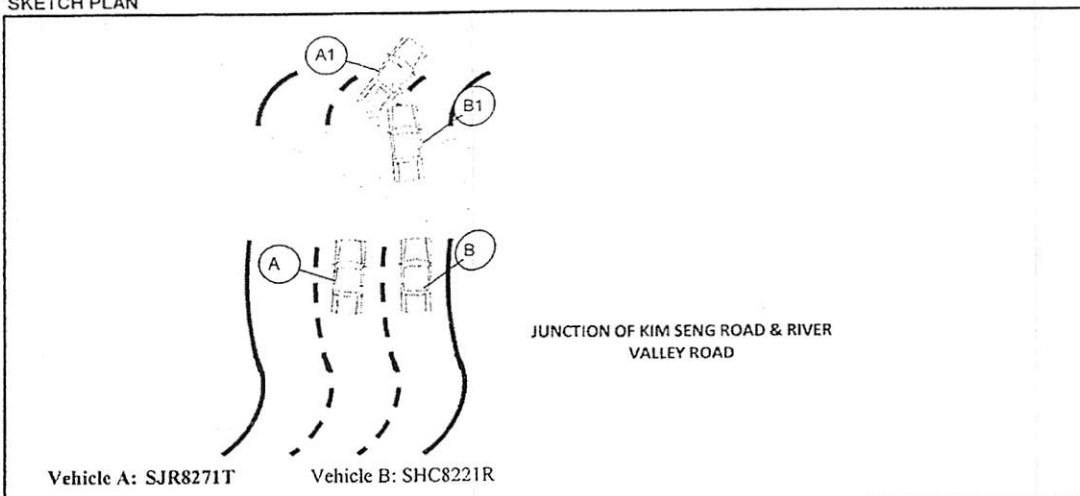
22/12/17 / 17:23

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Kim Seng road on the center lane. There are a series of small bends along this route and I proceed slowly with care. When I just passing through the junction of Kim seng road & river valley road, I felt an impact from my vehicle A's rear right portion then i realized that vehicle B had hit onto the rear right portion. NO injuries reported at the scene. i would like to mention that i was inside my lane all the time and i have an in-camera to show the whole incident.

Declaration

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

12/22/2017 17:23

Policyholder's Signature / Date & Time

12/22/2017 17:23

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