

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 | 11/01/2018 17:18 |
| Date Of Accident | 10/01/2018 23:20 |
| Exact Location Of Accident | ALONG NORTH BRIDGE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SFB8101H |
| Insured/Policyholder | |
| Name Of Registered Owner | DANIEL SUBRAMANIAM |
| NRIC No | S6935312F |
| Email Address | LYDIAHOLICE11@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91666884 |
| Alternative Phone No | OTHERS-91916884 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | TOYOTA |
| Model | CAMRY-2.4 (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | REPORTING ONLY |
| 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 | 5088290372 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | VALLIAMMAH D/O MANICKAM |
| NRIC No | S7209567G |
| Date Of Birth | 11/03/1972 |
| Occupation | INDOOR |
| Date Of Driving Pass | 21/11/2012 |
| Driving Experience | 5 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91916884 |
| Fax Number | |
| Contact Number | |
| Email Address | LYDIAHOLICE11@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 155 MEILING STREET #12-277 |
| Postcode | 140155 |
| 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 |
| Number of vehicles involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| 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) | 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

PLEASE REFER TO SKETCH PLAN

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 | SLH9500E |
| Vehicle Make/Model/Colour | MERCEDES BENZ |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|-------------------------|
| Name | VALLIAMMAH D/O MANICKAM |
|------|-------------------------|

| | |
|---|---------------|
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | SFB8101H |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Sketch Plan

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: 11/01/18 13:57:28

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/01/18 13:57:28

Reporting Centre Personnel's Signature

Name:

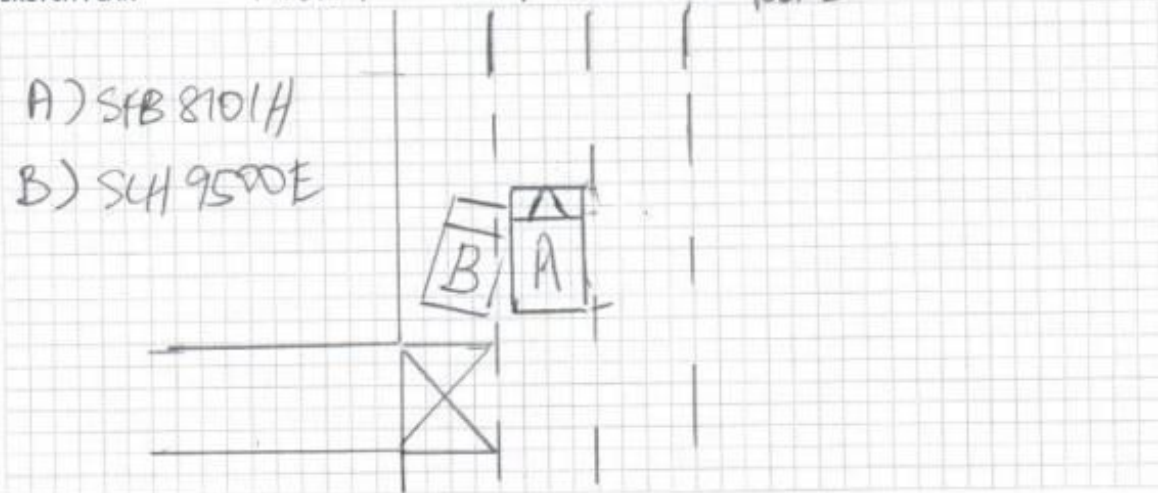
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Along NORTH BRIDGE ROAD

A) SFB 8101H
B) SLH 9500E





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 10/01/18 @ 2320 HRS, while driving along 600 North bridge Rd, I felt bang from my left side. Then I was signal ^{to} left side to stopped my car. Then I saw the car dancer and I took some pictures and asking him his particular but he refuse to give and instead asked for amt of \$500, because he said it's my fault, then we exchange the up no throug his up missed called. I told him come to him after discuss my husband then I called him. He was very kind to me and reduce the amt to \$450. morning around 0935 HRS he called but I was sleep never answer the phone. My husband came home and Brian his called. Mr. Sam spoke to my husband about the incident and it's my ~~fault~~ ^{wife} fault, he request the amt of \$450 to pay now. My husband agreed to pay in 2 payments amt of \$250 by today 11/1/18, and 2nd payment at on 20/01/18, by cash he's not agreed to transfer. My husband sms the home address to him. He came home at before 1pm. My daughter was talk to him that ~~she~~ ^{she} will transfer the cash through the Account. But he's not happy and asking why your never give to her. he asked my daughter 'who is she. My daughter put her daughter. He said that in his case I called his son to attend the issue. My daughter said we willing to pay and we need your particular, he not agreed and just give ~~his~~ ^{his} ~~acc~~ ^{acc} ~~345302289~~ ³⁴⁵³⁰²²⁸⁹ to transfer the amt of \$250 and left. At 1735 HRS I report to IDAC and he called me and asked for the amt. I told him to lodge a REPORT

DECLARATION

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


Policyholder's Signature
Date & Time: 11/1/18 @ 1735 HRS.


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/1/18 @ 1735 HRS.


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 11/01/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

