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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/01/2018 11:20
Date Of Accident	21/01/2018 11:55
Exact Location Of Accident	WOODLANDS CHECKPOINT CAR ARRIVAL B4 IMMIGRATION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG2886S
Insured/Policyholder	
Name Of Registered Owner	MASURI BIN MASHUL
NRIC No	S1800249C
Email Address	SURI_HDNH67@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97910289
Alternative Phone No	OTHERS-97910289
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER EX
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5044296554-07
Cover Note Number	

Driver

Name of Driver MASURI BIN MASHUL

NRIC No S1800249C
Date Of Birth 26/03/1967
Occupation INDOOR
Date Of Driving Pass 03/02/1993

Driving Experience 24 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97910289

Fax Number

Contact Number OTHERS-97910289

EMail Address SURI HDNH67@YAHOO.COM.SG

BLK 199A PUNGGOL FIELD Address

#02-407

Postcode 821199

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

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number JNM7639 (PRIVATE CAR)

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

4

Number of Passengers (Including Driver)

Passenger 1 NAME:

> GENDER: : FEMALE

: HASNAH BINTE MINHAT

Passenger 2 NAME: : NUR DIYANA BINTE MASURI

> GENDER: : FEMALE

Passenger 3 : NUR NIZZAH BINTE MASURI NAME:

> GENDER: : FFMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 27 MARSILING DRIVE, POSTCODE: 730027, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-3689999 - FAX NO: 63682383

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180121/2046

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JNM7639 Vehicle Make/Model/Colour **KIA FORTE** **Details Of Properties**

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR THONG LAI KUAN 860605-38-5928 92244575

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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:
 - 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")
- 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:
 - 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

ETCH PLAN	ALLERAMI CAR ARR
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A-53638865 B-JNM7639	
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SCRIBE CIRCUMSTANCES OF T	THE ACCIDENT
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Pls rep of	or the police uport 7/20180121/2046
DECLARATION	
DECLARATION /We declare the foregoing particula	ers are true in every respect.
DECLARATION /We declare the foregoing particula	ers are true in every respect.
VECLARATION We declare the foregoing particula	ers are true in every respect. Hym 32/0:/18
We declare the foregoing particula	Sym 22/01/18
DECLARATION We declare the foregoing particular of the fo	Agu 22/01/18

GIARDIC STANDBURGOW, VT.

Sketch Plan #3

Police Station Of Origin : Sub- Forting Forty



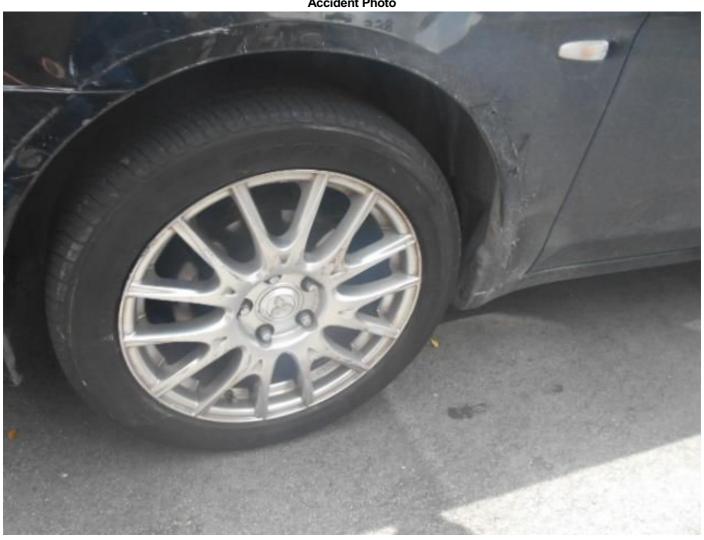
Report No.
IP No.
IO In-charge:

CONTINUATION OF REPORT

	es/No		
No. of Pedestrians Injured:		Pedestrian Crossing Was Used: ☐ Not Used ☐ Not Available	Pedestrian's Degree of Injury: ☐ Killed ☐ Seriously Injured ☐ Slightly Injured ☐ Not Injured
nformation on Eyewitness	- Compton		
Any eyewitness available: Y	es/No	Eyewitness' Particulars Availab and contact number to the Inves	le: Yes / No (if Yes to both, please provide the eyewitness' particulars tigation Officer)
Brief Details. This report sh	all be sign	ed by the informant.	
on 21/118 @ 115	shurs,	I was driving	my can explice engolation number \$3628
ing limited free kind	int ca	serious limbe for	as company to partir the immigration box
			who was on my last and had
indenly cut in	da N	y lane As a ris	ult my front left poton had hit unto
		more side tour.	
he the stop	rd a	- votele and excl	ranged our particulars. The domagn
ustaned on	My	ren were found	lot partur had sentus and dats
any buch	nut.	nd in governo	al property damage
nstructions . Number each vehicle and sh	ow direction		Sketch Plan
Number each vehicle and shof travel by arrow. 1 2 Number each pedestrian direction by arrow. Use solid line to show path before accident. 1 dotte after accident. Show distance and direction to identify by name. Include road signs and any of physical features.	and show		
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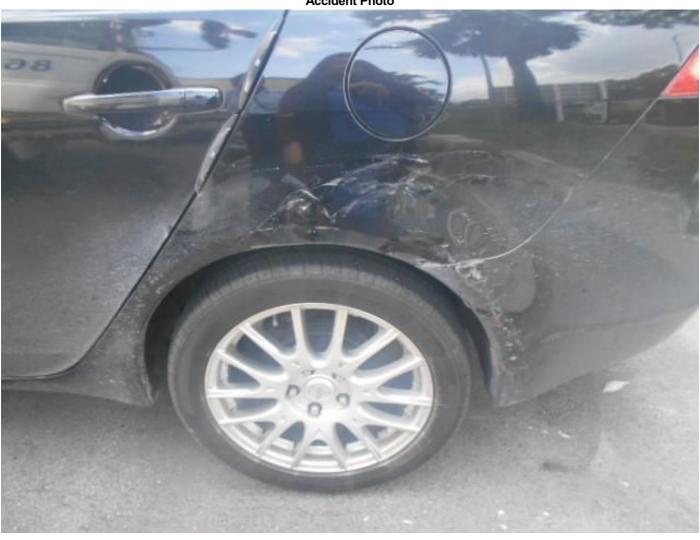


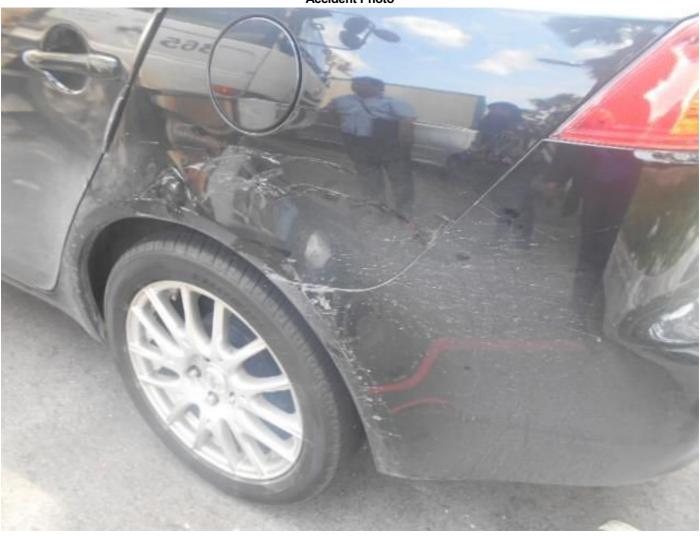


















Police Report

Police Station Of Origin : Sall Penjang



Serial No. F 07443

Report No. 7-2018012/-2046

IP No.

10 In-charge : 90 H GEOK IYE

			R	EPOR			FFIC ACC	IDENT			
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ID Type/No:	4-1	12	Date of	Birth:	C	ontact No.:-	Mobile:	7413224	Driving Licence	Information:	
5 18 00 2	446		3/5/1	2.00	1100	ome: -	Office :		Class 25, 27 Da		
Race:	Age:		Sex:			Passenger [Pillion Po	lice Officer D	yelist Vehicle (Others (specify)	Owner 🗆 Peo	lestrian
		and a	Ideas of work	place if y	com once	working or n	ame of school/i	nstitution if v	ou are a student)		
Occupation: (st				place ii y	ou are	working or o	and the second				
General Infor	mation o	n the	Accident								
Cremeran ramon	marion o	4	Fatal Injur	V □ Non-I	Injury		Date of Acc	SECURITY SECURITY	se of Location:		
		-		2			21/01/2		Bend Flyo		indabout
Type of Accide	ype of Accident: For non-injury, involved: □ Foreign vehicle □ Pedestrian □ Hit & Run □ Police vehi			iele P-jun		Car Park □ X-jur Y-junction □ Priva	Park ☐ X-junction ☐ T-junction unction ☐ Private Property				
									Others (specify)	that Come the	innetion)
Location of Ac	ecident (st	ate roo	id name and s	secify lan	dmark	[if any]. If ac	eident occurred	at junction, s	tate all road names	that form the	(Junetion)
Marion	45 C.h	100	punt Co	- 50	-	100 ord	Imme	Footun		1	
Type of Collis	sion:									Weather Clear	:
(i) Between me	oving veh	icles					Vehicle Agains			☐ Rainin	Ø.
☐ Head on ☐ Head to Rea ☐ Head to Sid	ar □ Sie le	le Swi	pe (same direc pe (opposite d	irection)		☐ Road Div	vider/Kerb 🗆 O	thers (specify		100 March 200 Ma	(specify):
Others (spe			affic Control	70	eaffic Y	Volume:	Road Su		Road Speed	Drink Dr	
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Details Of Ve	historia 8	Deiv	er(s) Involves								
Vehicle No.	Type/N /Colou	lake	Damage (scrious, slight or no damage)	Name of Dri		Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave		Insurance Cert. No.	Validity Period o insurance
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Details of Otl	her Perso			enger, Pe	destri	an, Pillion, et	e.)	I n	Donaston	Hospital	/Clinic
Name		ID N	0.	Related Vehicle		Contact No.	Degree of Injury	Days Warded	Days given Medical Leave		/Cume
					-						
		_			+		1			+	
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Police Report

Police Station Of Origin:



Report No.
IP No.
IO In-charge:

CONTINUATION OF REPORT

Any Pedestrian Involved: X	s) Involved es / No		
No. of Pedestrians Injured:		Pedestrian Crossing Was Used: ☐ Not Used ☐ Not Available	Pedestrian's Degree of Injury: ☐ Killed ☐ Seriously Injured ☐ Slightly Injured ☐ Not Injured
Information on Eyewitness	- Laurente		
Any eyewitness available: Y	es/No	Eyewitness' Particulars Availab and contact number to the Inves	ole: Yes / No (if Yes to both, please provide the eyewitness' particulars stigation Officer)
Brief Details. This report sh	all be signe	ed by the informant.	
on 21/11/8 @ 115	shirt,	I was driving	my can explice engolation number 5562
ing limited Country	int car	serval limbe for	is coming a priter the immigration box
			who was on my last and had
ordenly cut in	da m	y lane As a co	bull my front left parton had hit until
		you side tour.	
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ustained on	my 1	ten were found	los partur had scritius and dats
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Number each vehicle and she of travel by arrow. 1 2 Number each pedestrinn direction by arrow. Use solid line to show path before accident. 1 dotte after accident. Show distance and direction to identify by name. Include road signs and any off physical features.	and show and show and of vehicle d line 1 o landmarks,		
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