

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 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	16/12/2017 13:58
Date Of Accident	05/05/2017 12:30
Exact Location Of Accident	KANDAHAR STREET CARPARK LOT 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4983Y
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	URBAN REDEVELOPMENT AUTHORITY
Co Reg No	T08GB0064C
Email Address	ALEX_NG@URA.GOV.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63293463

Vehicle Particulars

Manufacturer	SSANGYONG
Model	ACTYON SPORTS-2.0 D/CAB 2.0 AT AIRBAG 2WD (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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M486583
Cover Note Number	

Driver

Name of Driver	FARALI KHAN BABU KHAN
NRIC No	S0057851G
Date Of Birth	26/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	23/08/1990
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92276317
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PROPERTY
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?	
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 THE ABOVE DATE, TIME & LOCATION, I WANTED TO REVERSE MY VEHICLE, GBC4983Y INTO A PARKING LOT ALONG KANDAHAR STREET. WHILE REVERSING, MY VEHICLE ACCIDENTALLY GRAZED AGAINST THE LAMP POST WHICH IS LOCATED ALONG THE LEFT SIDE OF THE CARPARK LOT 23. TO MY BEST OF UNDERSTANDING, THERE ISN'T ANY VISIBLE DAMAGES FOUND TO THE LAMP POST ITSELF. THAT'S ALL. * INTER ACCIDENT REPORT TO BE REQUESTED FROM NSURED DIRECTLY.

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	
Vehicle Make/Model/Colour	
Details Of Properties	LAMP POST
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.

Policyholder's Signature
Date & Time:

16 DEC 2017
12.50pm

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

Date & Time: 16 DEC 2017
12.50pm

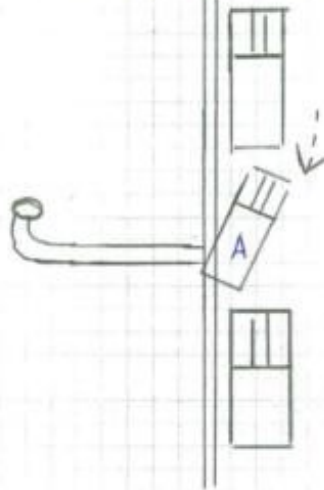
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ANG WEI GUANG
S8410708E

Sketch Plan #2

SKETCH PLAN

D. O. A 05.05.2017, 12:30 hrs



A - GBC 4983 Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date, time and location, I wanted to reverse my vehicle, GBC 4983 Y into a parking lot along Kandahar Street. While reversing, my vehicle accidentally grazed against the lamp post which is located along the left side of the ^{car park lot} ~~street~~²³. To my best of understanding, there isn't any visible damages found to the lamp post itself.

That's all.

DECLARATION

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

Policyholder's Signature

Date & Time: 16 DEC 2017

12.50pm



Driver's Signature

(If driver is not the policyholder)

Date & Time:

16 DEC 2017

12.50pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ANG WEI GUANG
S8410708E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MLTM17165511 Vehicle Registration No: GBC 4883 Y
Name (as shown in NRIC) : Urban Redevelopment Authority NRIC/FIN/Passport No : T09GB0064C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : 6329 3463 Mobile No. : _____
Email Address : alex-ng@ura.gov.sg
Date of Accident : 05-05-2017 Time of Accident : 12:30 hrs
Place of Accident : Kandahar Street Carpark Lot 23
Insurance Company: India International Insurance Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To claim Own Damage instead of Reporting Only


Policyholder / Driver's Signature
Date: 17/01/2018


Reporting Centre Personnel's Signature
Name: ANG WEI GUANG
NRIC/FIN No.: S8410708E
Date: 18 JAN 2018