#### 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 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.

<ol><li>By the lodgement of this report to the insurers, you hereby cons aforesaid.</li></ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/01/2018 12:45
Date Of Accident	25/01/2018 17:30
Exact Location Of Accident	CHIN SWEE ROAD TOWARDS SGH
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS8741Z
Insured/Policyholder	
Name Of Registered Owner	IQBAL BIN SYED SULAIMAN
NRIC No	S7227893C
Email Address	IQBALDINHO2000@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90018974
Alternative Phone No	OTHERS-90018974
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALLION-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 5092247610

Cover Note Number

#### **Driver**

Name of Driver **IQBAL BIN SYED SULAIMAN** 

NRIC No S7227893C Date Of Birth 10/06/1972 Occupation **INDOOR Date Of Driving Pass** 07/01/1997

**Driving Experience** 21 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90018974

Fax Number

OTHERS-90018974 Contact Number

**EMail Address** IQBALDINHO2000@YAHOO.COM.SG Address BLK 291A COMPASSVALE STREET

#03-290

Postcode 541291

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

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Insurance Company of Driver's Own Vehicle

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#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface WET

#### **Other Information**

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 1
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.

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 GBB9333X
Vehicle Make/Model/Colour VAN

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver NOOR SHIRHAN BIN MOHAMMED SAID

1

NRIC/Passport Number S8706501D Contact Number 96952785

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 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)
  - (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
- (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.

s Signature Policyholder Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Beporting Centre Personn

NRIC/FIN No.:

	CTE (Towards AYE)	
	[G131393X 155587412] S	From CT
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Th	ere were no injures - I confin	
The driver	(90613198 HP) -D he said hes otc.	cos the
hit was	almost unnoticeable. That you	1
DECLARATION		
We declare the foregoing par	ticulars are true in every respect.	reloi/soid
Policyholder's Signature	Driver's Signature Reporting Centre 965	onnel's Signature
Date & Time:	(If driver is not the policyholder) Name:	of the second second second









































