SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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

| atoresaid. | |
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| | ACCIDENT STATEMENT |
| Date Of Report | 06/02/2018 15:03 |
| Date Of Accident | 03/02/2018 19:10 |
| Exact Location Of Accident | 1 ORCHID CLUB RD CARPARK |
| Country/State of Loss | SINGAPORE |
| C | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SJH7353A |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMAD SHAFLIE BIN SEDEK |
| NRIC No | S8900981B |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-93372134 |
| Alternative Phone No | OFFICE-93372134 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | STREAM 1.8 A |
| 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 | 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 | 5074325531-02 |
| Cover Note Number | - |
| Driver | |
| Name of Driver | MUHAMAD SHAFLIE BIN SEDEK |
| NRIC No | S8900981B |
| Date Of Birth | 01/01/1989 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/06/2009 |
| Driving Experience | 8 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93372134 |
| | |

OFFICE-93372134

NOEMAIL

Address BLK 803 TAMPINES AVE 4 #03-71

Postcode 520803

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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NO

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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?

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)

Passenger 1

NAME: : DIYANA BINTE MOHD SALLEH

GENDER: : FEMALE

Passenger 2 NAME: : FARINA

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

WAS AT THE RIGHT SIDE OF THE CARPARK WAITING FOR THE PARKED CAR TO MOVE OFF, WITH HAZEL LIGHT ON. AFTER THE PARKED CAR LEFT THE LOT COMPLETELY AND PASSED BY INFRONT OF US, I STARTED TO REVERSE IN SLOWLY AFTER CHECKING MY BLIND SPOT, AS THERE WAS NO CAR APPROACHING. UPON REVERSING SLOWLY 1/3 OF MY CAR INTO THE LOT, CAR B COME OUT FROM NO WHERE TRIED TO SQUEEZE IN ON THE LEFT SIDE OF THE ROAD WITH APPOX SPEED OF 20-30KM/H. THEREFORE CAR B RIGHT REAR BUMPER HIT MY LEFT FRONT BUMPER, AS THE IMPACT COULD BE FELT UPON THE HIT. MY CONCLUSION IS THAT CAR B WAS AWARE THAT I WAS REVERSING INTO THE LOT FROM A FAR AND HE ASSUME HE CAN MAKE IT PASS ME BUT WHEN HE REALIZE THAT I HAVE ALREADY REVERSE MY CAR 1/3 INTO THE PARKING LOT, HE COULDN'T BRAKE IN TIME AS THERE WAS PEOPLE WALKING AT THE OPPOSITE SIDE OF THE LOT, THUS MAKING IT IMPOSSIBLE FOR CAR B TO SWERVE TO THE LEFT AND AVOID COLLISION

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 SLB3704E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of DriverLIM WEE KOKNRIC/Passport Number\$1274672EContact Number86127835

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Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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")
- (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:
 - 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.:

Accident Sketch Plan

| KETCH PLAN | Crost6 | |
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| | 8 | B = 568 3704 E |
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| | 1 Orchid club Rd Carpark | |
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| DESCRIBE CIRCOWST | The state of the s | |
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| DECLARATION | | 1, |
| I/We declare the forego | ping particulars are true in every respect. | |
| Shoph | | Thank |
| Policyholder's Signature | Driver's Signature Rep (If driver is not the policyholder) Nan | porting Centre Personnel's Signature |
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