

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	21/02/2018 15:14
Date Of Accident	20/02/2018 20:30
Exact Location Of Accident	JUNCTION OF JLN SULTAN & NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB9212T
Insured/Policyholder	
Name Of Registered Owner	HIDAYADULLA NOORULLAH
NRIC No	S2201757H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97500415
Alternative Phone No	OTHERS-96740786

Vehicle Particulars

Manufacturer	NISSAN
Model	NOTE 1.2 DIG-S CVT 2WD LED
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	5088586926
Cover Note Number	

Driver

Name of Driver	HAJA NAWZ WALI MOHAMED S/O HIDAYADULLA NOORULLAH
NRIC No	S9800451C
Date Of Birth	10/01/1998
Occupation	INDOOR
Date Of Driving Pass	23/01/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96740786
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 637 VEERASAMY ROAD #04-115
Postcode	200637
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	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

MY VEHICLE WAS INITIALLY STATIONARY ON THE RIGHT LANE OF A 3-LANES ROAD, ALONG JLN SULTAN PREPARING TO TURN RIGHT INTO NORTH BRIDGE ROAD. WHEN THE TRAFFIC LIGHT TURNED GREEN, ALL VEHICLES FROM THE MOST LEFT LANE FROM THE OPPOSITE DIRECTION STARTED TO TURN LEFT INTO NORTH BRIDGE ROAD. I THEN PROCEEDED TO MOVE OFF UPON TRAFFIC CLEARANCE. VEHICLE B BEARING REGN NO. SLS2167Y SUDDENLY MADE A LANE SWITCH ON A VERY LAST MINUTE CAUSING THE FRONT PORTION OF VEHICLE B TO HIT ONTO THE FRONT LEFT PORTION OF MY VEHICLE. HE DID NOT STOPPED UPON IMPACT AND FURTHER DAMAGE THE ENTIRE LEFT PORTION OF MY VEHICLE. I WISH TO STATE THAT I FELT A DISCOMFORT TO MY LEFT LEG AND WILL SEEK MEDICAL TREATMENT IF NECESSARY. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS2167Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SCHUBERT ALEXANDER
NRIC/Passport Number	F5633147Q
Contact Number	84984914
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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DETAILS OF INJURED PERSON 1

NameHAJA NAWZ WALI MOHAMED S/O HIDAYADULLA NOORULLAH
Approximate Age
Injuries Sustain
Injured person in which vehicle?SLB9212T
Were seat belts worn?YES
Was this injured conveyed to hospital by ambulance?
AddressBLK 637 VEERASAMY ROAD #04-115
Postcode200637

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:
 - (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.

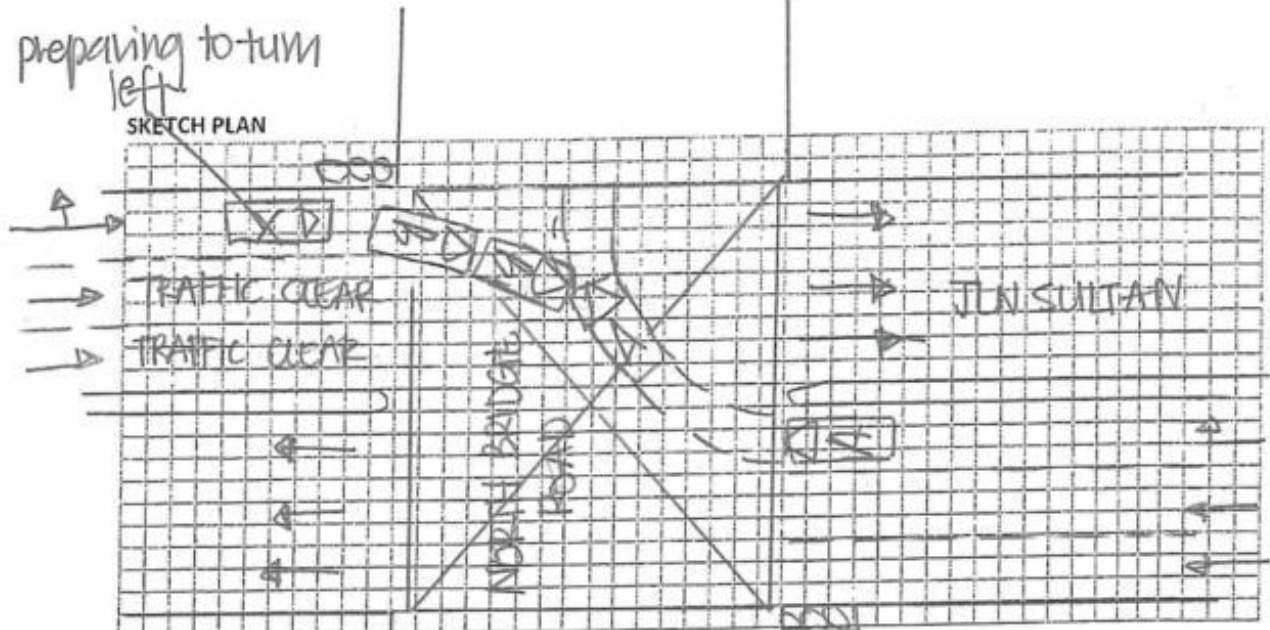
Policyholder's Signature
Date & Time:

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

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

JOO HAK KEE AUTO WASTE LTD
Blk 3007 Ubi Road #01-406
Singapore 408701
Blk 3014 Ubi Road #01-324
Singapore 408702

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to sketch plan

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

JOO HAK KEE AUTO PTE LTD
 Blk 3007 Ubi Road #01-406
 Singapore 408701
 Blk 3014 Ubi Road #01-324
 Singapore 408702
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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