

## 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	22/02/2018 15:17
Date Of Accident	21/02/2018 15:45
Exact Location Of Accident	ALONG 29 TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4738Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THINK ONE LEASING PTE LTD
Co Reg No	201115609M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96788288
Alternative Phone No	OFFICE-68443300

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	YES
Policy Number	5070785764-02
Cover Note Number	

### Driver

Name of Driver	MOHAMED RUDY BIN ZAINAL
NRIC No	S7827891I
Date Of Birth	21/09/1978
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-87491466
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 759 PASIR RIS STREET 71 #07-188
Postcode	510759
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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?	NO
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

ON 20.02.2018 AT ABOUT 1545HRS. I WAS DRIVING ALONG 29 TANJONG KATONG ROAD. MY VEHICLE A PC4738Z CHANGED FROM LANE 2 TO LANE 1 AND I HEARD A BANG AT MY RIGHT SIDE OF MY VEHICLE. I WENT DOWN TO SEE AND REALISED IT WAS A TAXI VEHICLE B, SHC5470D WHICH HIT MY VEHICLE. NO ONE WAS INJURED IN THIS ACCIDENT.

#### Attachment(s)

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

**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.



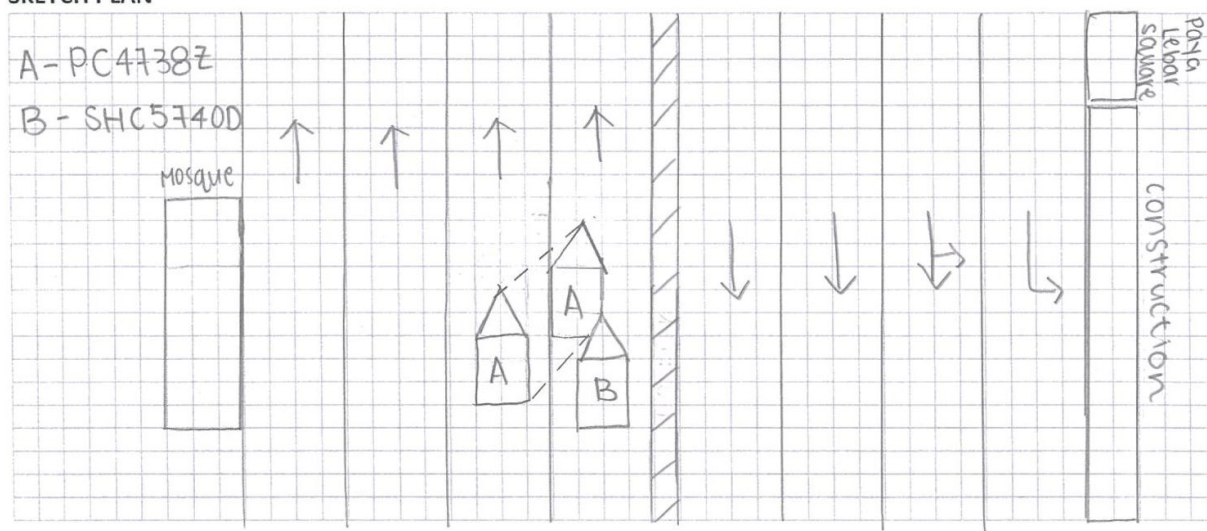
Policyholder's Signature  
Date & Time:

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

Think One Autocare Pte Ltd  
18 Defu Lane Avenue 2  
Singapore 539522  
Tel: 6844 3300 Fax: 6842 4988

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20<sup>th</sup> February 2018 at about 1545 hrs, I was driving along 29 Tanjong Katong Road. My vehicle A, PC4738Z changed from lane 2 to lane 1 and I heard a bang at my ride side of my vehicle. I went down to see and realised it was a taxi vehicle B, SHC5740D which hit my vehicle.

DECLARATION

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

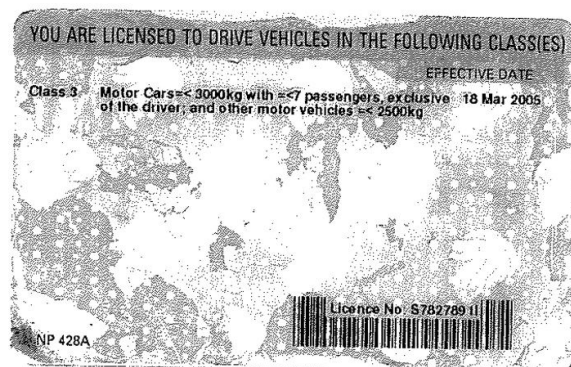
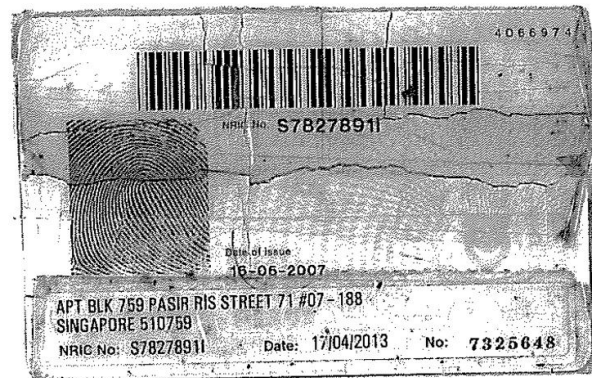
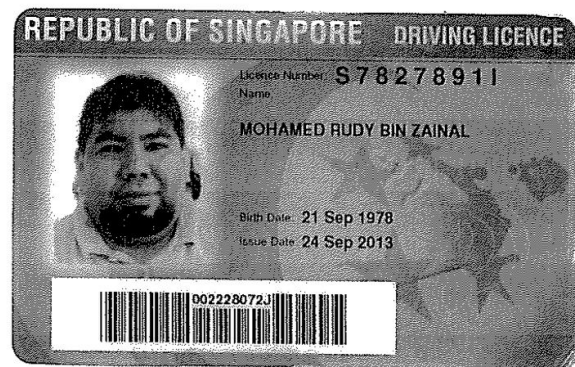
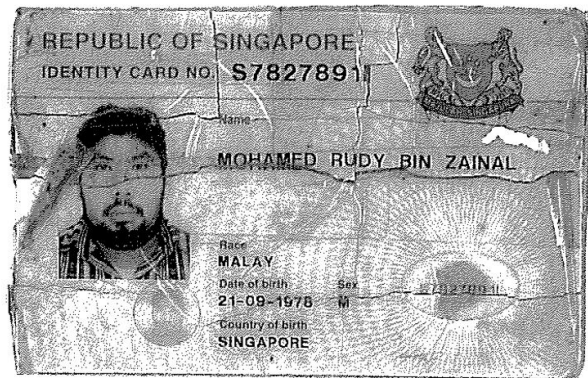
Policyholder's Signature  
Date & Time:

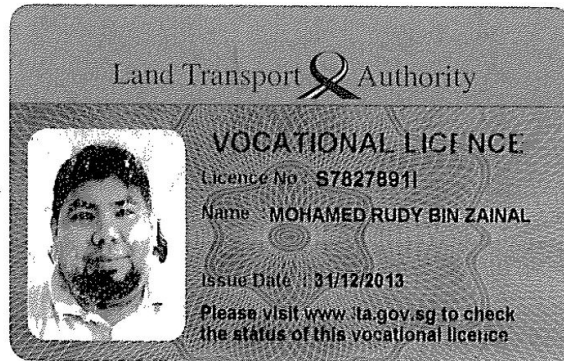
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Think One Autocare Pte Ltd  
18 Defu Lane Avenue 2  
Singapore 539522  
Tel: 6844 3300 Fax: 6842 4988

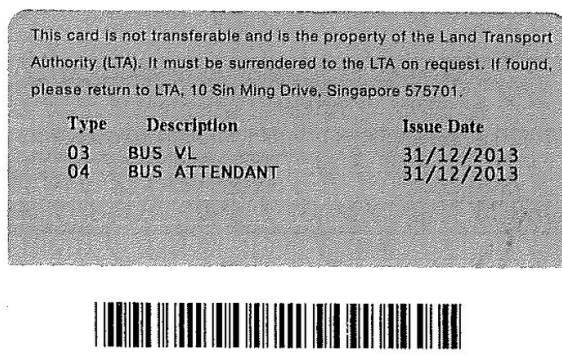
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

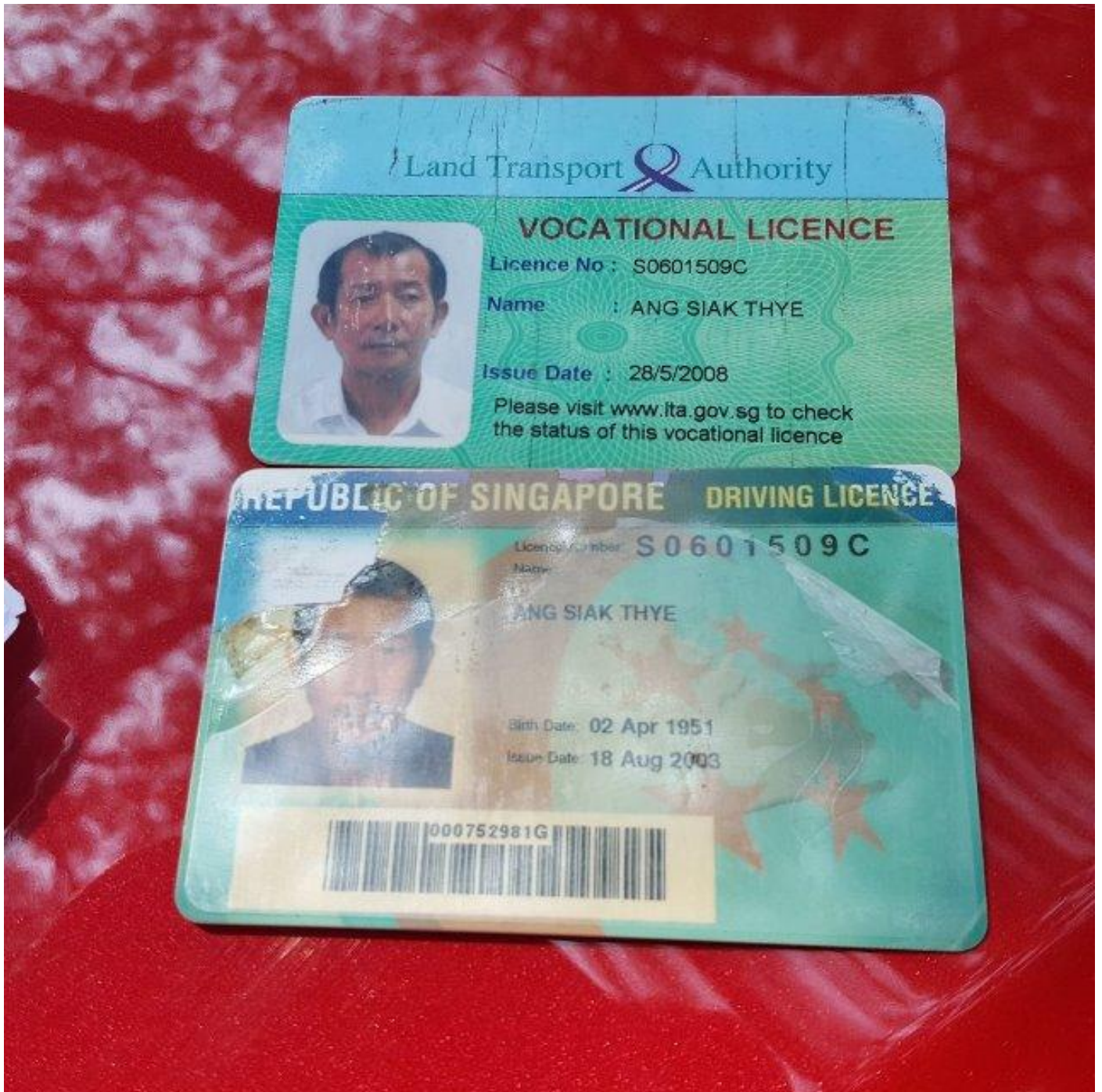






87491466







Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



# Accident Photo





# Addendum Sheet Pg. 1



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: S66550020G / 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 : MTDA18025767-01 Vehicle Registration No: PC47382  
Name(as shown in NRIC) : Think One Learning Pte Ltd NRIC/FIN/Passport No : 20115609M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 2006i Road 4 #02-08, Think One Building Singapore( 108622 )  
Contact (Tel) : 65553300 Mobile No. : 96788208  
Email Address : \_\_\_\_\_  
Date of Accident : 21.02.2018 Time of Accident : 15:45  
Place of Accident : Along 29 Tanjong Katong Road  
Insurance Company: NIC

### (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:

I would like to add on third party vehicle SHC5740D

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Tan Hui Kiang Karen  
NRIC/FIN No.: 872561C  
Date: 22.2.18

# Addendum Sheet Pg. 1



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: S66550020G / 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 : MT0A18025767-02 Vehicle Registration No: PC4938Z  
Name (as shown in NRIC) : Think One Leasing Pte Ltd NRIC/FIN/Passport No : 201115609M  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 20 Ubi Road 4 #02-08, Think One Building Singapore (408622)  
Contact (Tel) : 65553300 Mobile No. : 96788288  
Email Address : [blank]  
Date of Accident : 21.02.2018 Time of Accident : 15.45HRS  
Place of Accident : Along 29 Tanjong Katong Road  
Insurance Company : NIVE

### (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:

I would like to add on beside the driver there's 12 passengers  
during the accident. As the school in charge with certain  
Reasons stated that he can't disclose the name.



Policyholder / Driver's Signature  
Date:

[Signature]

Reporting Centre Personnel's Signature  
Name: Tan Hui Kang Karen  
NRIC/FIN No.: 9028511C  
Date: 23.2.18