

## 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	02/04/2018 12:24
Date Of Accident	30/03/2018 17:00
Exact Location Of Accident	WOODLANDS CENTRE TOWARD MARSILING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ3332P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GMA AUTO ENTERPRISE LLP
Co Reg No	T12LL1035F
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84243243

### Vehicle Particulars

Manufacturer	HONDA
Model	CROSSROAD
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5073956005-02
Cover Note Number	

### Driver

Name of Driver	NOORAZAN BIN AHMAD
NRIC No	S7443366I
Date Of Birth	13/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1996
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84243243
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 16 MARSILING LANE #03-213
Postcode	730016
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	COLLISION - HEAD TO REAR
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?	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)	4
Passenger 1	NAME: : ROZILAH BINTE IBRAHIM GENDER: : FEMALE
Passenger 2	NAME: : RAYNA NA'EEMA BINTE NOORAZAN GENDER: : FEMALE
Passenger 3	NAME: : RAYN RIAZ NOORAZAN GENDER: : MALE

#### 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 30/03/18, AT AROUND 5PM. I WAS IN MY VEHICLE SJQ3332P ALONG WOODLANDS CENTRE RD TOWARDS MARSILING RD. THE TRAFFIC WAS IN MY FAVOR AND AS I WAS TURNING RIGHT TOWARDS MARSILING RD, I NOTICED SOME PEDESTRAIN WITH INTENTION TO DASH ACROSS THE ROAD. I SLOWED DOWN MY VEHICLE AND CAME TO A COMPLETE STOP. ALL OUT A SUDDEN, AN IMPACT CAME FROM BEHIND. I GOT OUT OF MY VEHICLE AND REALISED GBD3117H FRONT RIGHT PORTION HIT ONTO THE REAR LEFT PORTION OF MY VEHICLE.

#### 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	GBD3117H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE

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

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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:

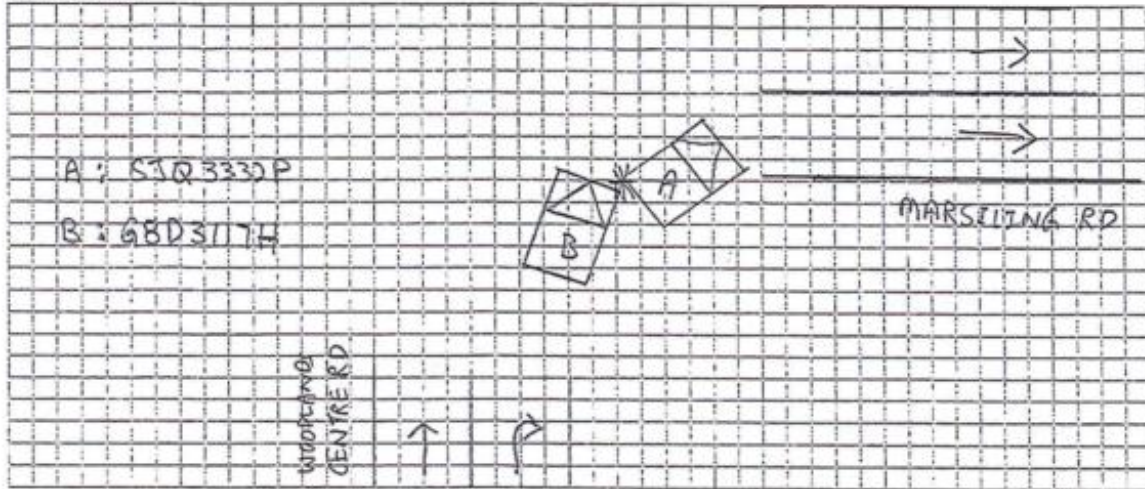
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 757700  
Tel: 6219 2099 (Lines) Fax: 6219 2096

Reporting Centre Personnel's Signature  
Name: Christine Lim  
NRIC/FIN No.: S9507762

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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 PLONG WOODLANDS CENTRE RD HEADING TOWARDS MARSLING RD.  
 THE TRAFFIC WAS IN MY FAVOUR AND AS I WAS TURNING RIGHT  
 TOWARDS MARSLING RD, I NOTICED SOME PEDESTRIAN WITH INTENTIONS TO  
 DASH ACROSS THE ROAD. I SLOWED DOWN MY VEHICLE AND CAME TO A  
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 I GOT OUT OF MY VEHICLE AND REALISED GBD3117H FRONT RIGHT  
 PORTION HIT ONTO THE REAR LEFT PORTION OF MY VEHICLE.

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

GIARMC SketchPlanForm\_V3



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

*[Handwritten Signature]*

Reporting Centre Personnel's Signature  
 Name: Christine Lim  
 NRIC/FIN No.: S4030767

**CYS Automobile Services Pte Ltd**  
 38 Woodlands Industrial Park East 1  
 #07-17 Admiralty Industrial Park  
 Singapore 757700  
 Tel: 6216 2096 / 2097 Fax: 6219 2096



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

