

### 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	06/04/2018 11:00
Date Of Accident	26/03/2018 21:20
Exact Location Of Accident	SLE EXPRESSWAY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS994Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NURHASHIDA BTE HAMID
NRIC No	S8847375B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93806549
Alternative Phone No	OTHERS-93806549

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (A)

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 CAR

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5088276032-01
Cover Note Number	

#### Driver

Name of Driver	HAMID BIN AHMAD
NRIC No	S1480149I
Date Of Birth	09/03/1961
Occupation	OUTDOOR
Date Of Driving Pass	01/03/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94561189
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 233 PASIR RIS DRIVE 4 #02-490
Postcode	510233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

AS PER SKETCH PLAN AND POLICE REPORT ATTACH.

### 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	SHC972J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### 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.:

6/4/18

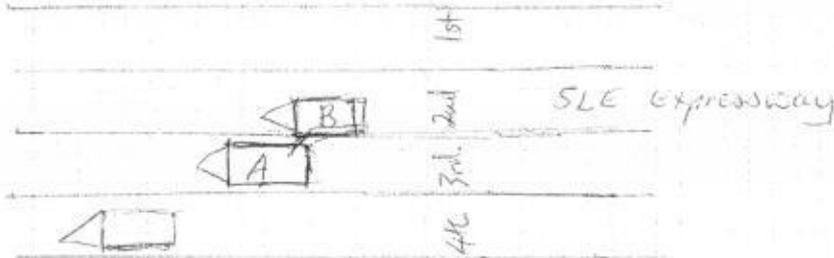


Sketch Plan Pg. 2

SKETCH PLAN

A - SG 994Z

B - SHC 977J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along SLE Expressway on the 3rd lane, traffic flow was clear. Suddenly I heard a sound from the rear, I signal and slowly move to the road shoulder and this taxi also followed behind. I went down and was told to report to the insurance company. I have make a police report the next day.

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:

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

6/4/17

CONFIDENTIAL

ANNEX E

NOTICE OF REPORTING

This is to confirm that HAMID BIN AHMAD NRIC / FIN S14801491 has reported to the Police a non injury traffic accident which occurred along SLE EXPRESSWAY, on 26/03/2018 at 2120hrs involving the following vehicles;

- A) SGS994Z – Red (Mitsubishi Lancer)
- B) SHC972J – White color Maxi Cab (Mercedes Benz)

2 If this accident was reported to the Police within 24 hours of its occurrence then he/she has complied with Sec 84 (2) of the Road Traffic Act, Cap 276

Rank / Name of Issuing Officer: SSSgt T06280 Wong Ting Chien  
Date: 27/03/2018 Time: 2125Hrs  
S/D Ref No: 133  
Police Post / Unit: Pasir Ris NPC

  
Pasir Ris NPC  
No. 1 Pasir Ris Drive 4  
#01-01 Singapore 519457  
Tel: 1800-5852999

Original to be issued to complainant  
Duplicate to be submitted to Traffic Police

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