#### 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/04/2018 16:14
Date Of Accident	28/04/2018 12:35
Exact Location Of Accident	WOODLANDS AVENUE 12 TOWARDS GAMBAS AVENUE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU1898R
Insured/Policyholder	
Name Of Registered Owner	NEEDS CARS
Co Reg No	53360290D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90688767
Alternative Phone No	OFFICE-92275945
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091731828
Cover Note Number	
Driver	
Name of Driver	NUR IANNAH RINTE ILIMAHAT

Name of Driver NURJANNAH BINTE JUMAHAT

NRIC No S8843677F
Date Of Birth 30/10/1988
Occupation OUTDOOR
Date Of Driving Pass 28/05/2008

Driving Experience 9 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90688767

Fax Number

Contact Number OTHERS-92275945

EMail Address NOEMAIL

BLK 354 CHOA CHU KANG CENTRAL Address

#02-327

Postcode 680354

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 **CHAIN COLLISION** 

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

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBB6782C Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SHA9724K

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)

2

#### **DETAILS OF INJURED PERSON 1**

Name NURJANNAH BINTE JUMAHAT

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SJU1898R
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

#### Sketch Plan

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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 liawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s).
  - 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: Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's Signature

Name:

NRIC/FIN

SKETCH PLAN A-SU1898R Woodlands Am 12 Towards Gambas

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

t/We declare the fores ng particulars are true in every resp

Date & Time:

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

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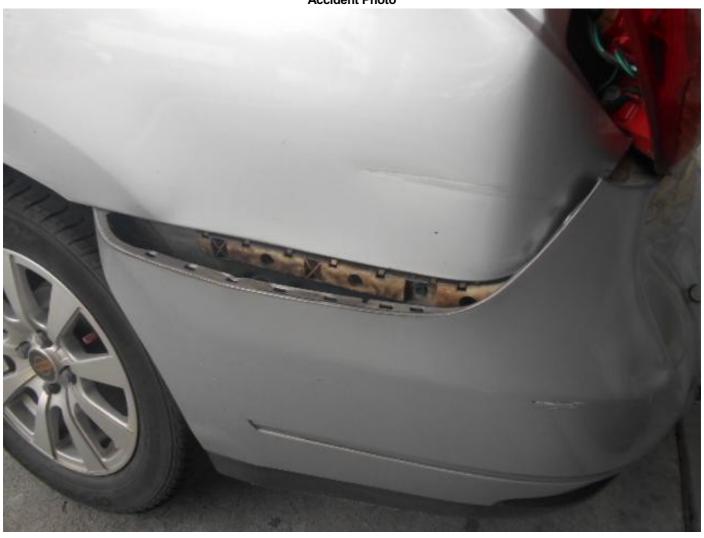


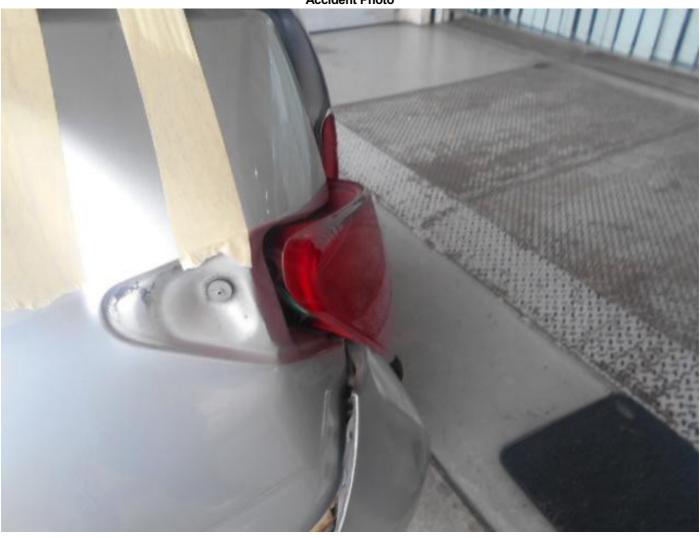












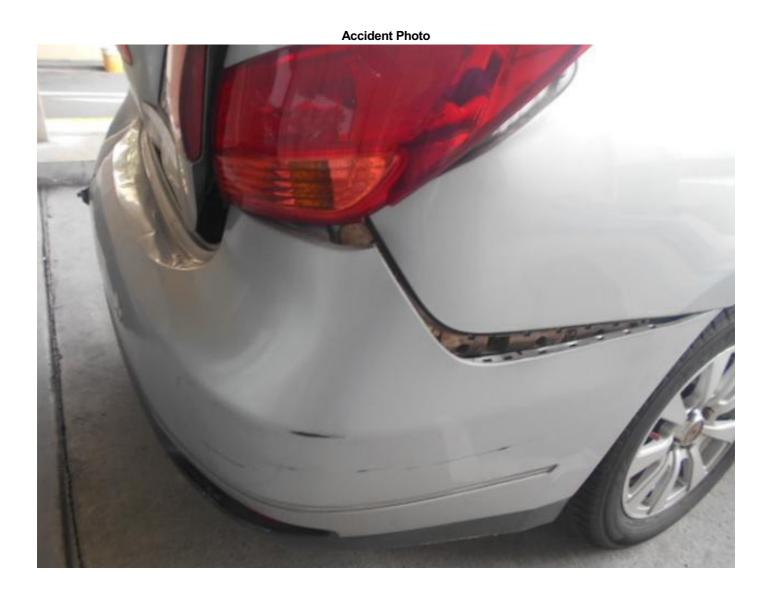




















#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UFN: 56655020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

		79	ADDEND	UM			
()	PARTICULARS OF PERSON	MAKINGTHEAM	MENDMENT	s:			
	Original Report No : MM	A11805593	2	Vehicle Begistration	on No: 514	1898R	_
	Name(as shownin NRIC) : NU	JAMAH	BILLING 8	MAHA7 NRIC/FIN/Passpor	20	18677F	
	*Vehicle Driver/ Vehicle C						
	Address :				Sing	gapore(	)
	Contact (Tel) :			Mobile No.:	2275945		
	Email Address						
	20	calsall		22	12:35		
	Date of Accident	MINIO I	AVMUKE	Time of Accident:	France	Alberta	_
	Place of Accident : 100	southos t	Jugar	12 JUNUTUS	MANIMORD	Dymun	
	Insurance Company:						_
3)	ADDITIONALINFORMATION	NAMENDME	NTS:				
	I have made a report on the make the following amend		ned accident	and would like to inc	clude additiona	l information o	or
	LOCATION OF ACC		o ulona	MIDO ANY ()	JOUARDS	GAMBAS	AVIOL
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	Policyholder / Driver's Sign	ature			tre Personnel's	Signature	
	Policyholder / Driver's Sign Date:	ature		Reporting Cent Name: NRIC/FIN No.	of Li Wo	Signature	