

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	17/05/2018 18:08
Date Of Accident	16/05/2018 14:15
Exact Location Of Accident	KENT RIDGE ROAD ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL9923X
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 L (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5095583051
Cover Note Number	

Driver

Name of Driver	MOHD SOM BIN TAWIL
NRIC No	S2175452H
Date Of Birth	31/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	+65-87176334
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 655 YISHUN AVE 4 #02-389
Postcode	760655
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
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?	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

1. I WAS DRIVING ALONG KENT RIDGE ROAD (NUH/NUS) ROUNDABOUT. 2. DRIVING THROUGH THE ROUNDABOUT, I WAS INSIDE THE NEARER LANE WHEN THE NUS BUS SHUTTLE SERVICE NO 02 / PC3989Y WHO WAS DRIVING ON THE OUTER LANE GO INTO MY WAY. 3. I STOPPED IMMEDIATELY, THE BUS REAR RIGHT HAND SIDE COLLIDED WITH MY FRONT LEFT HAND SIDE BUMPER.

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	PC3989Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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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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: 7/05/18



Driver's Signature

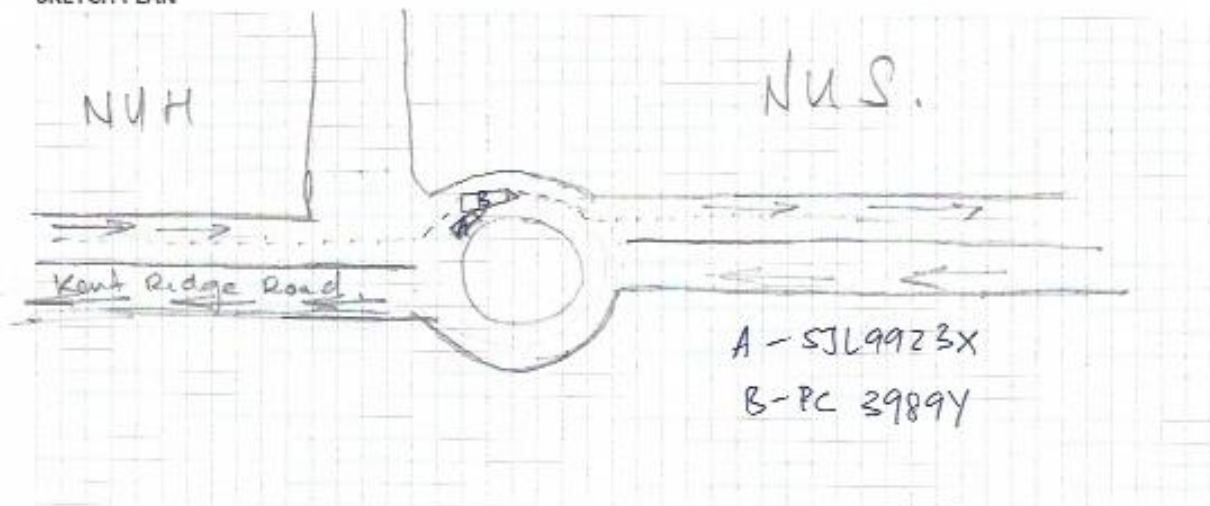
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: Ang Chai Yee.
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- 1) I was driving along Kant Ridge Road (NUH/NUS) roundabout
- 2) driving through the roundabout, I was inside the inner lane when the NUS bus shuttle service No. D2/PC 3989Y who was driving on the outer lane got into my way.
- 3) I stopped immediately. The bus rear right hand side collided with the my front left hand side bumper.

DECLARATION

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

Chai
Policyholder's Signature
Date & Time: 17/05/18


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

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / 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 : MART 18064564 Vehicle Registration No : STL 9923X
Name (as shown in NRIC) : TANG CHAI YEE NRIC/FIN/Passport No : G2554703P
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 25 Defu Lane 9 Singapore (53966)
Contact (Tel) : 66791146 Mobile No. : _____
Email Address : account5@allswellmotor.com.sg
Date of Accident : 16/05/18 Time of Accident : 14:15hrs
Place of Accident : KENT RIDGE ROAD ROUNDABOUT.
Insurance Company : NTUC

(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:

TP Vehicle : PC 3989Y

Chai
Policyholder / Driver's Signature
Date: _____

Chai
Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.: _____

Date: _____