

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	21/05/2018 12:09
Date Of Accident	19/05/2018 15:00
Exact Location Of Accident	ARAB ST / VICTORIA ST TWDS KALLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9780K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD BUKHARY BIN ABU BAKAR
NRIC No	S8832380G
Email Address	MUHDBUKHARY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97548294
Alternative Phone No	OTHERS-90691597
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	COLT PLUS-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	5097023049
Cover Note Number	05/01/2018 - 21/01/2019
Driver	
Name of Driver	ISKANDAR BIN ABDULLAH @ VINCENT RAMACHANDRAN
NRIC No	S0181336F
Date Of Birth	05/07/1951
Occupation	INDOOR
Date Of Driving Pass	10/11/1979
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90691597
Fax Number	
Contact Number	
EEmail Address	MUHDBUKHARY@GMAIL.COM

Address 31 TRANSIT ROAD #01-23
 Postcode 778893
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured RELATIVE
 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 RAINING
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Number of vehicles involved in the accident 2
 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) 2
 Passenger 1 NAME: : PASSENGER
 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

MY VEHICLE WAS STOPPED STATIONARY ALONG THE CENTRE LANE OF ARAB ST / VICTORIA ST TOWARDS KALLANG. I WAS THE SECOND CAR FROM THE RED TRAFFIC LIGHT JUNCTION. SUDDENLY, I FELT AN IMPACT FROM MY VEHICLE REAR PORTION AND VEHICLE B HAD FAILED TO STOP THUS HIT ONTO MY VEHICLE REAR PORTION. VEHICLE B DRIVER MENTIONED THAT HIS VEHICLE FAILS TO STOP DUE TO THE WET ROAD SURFACE. NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: FILE OVERWRITE
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKK4575T
 Vehicle Make/Model/Colour MERCEDES BENZ
 Details Of Properties FRONT BUMPER
 Vehicle Category PRIVATE CAR
 Name of Driver STEPHEN CHAN YUNG-WEI
 NRIC/Passport Number S7608931J
 Contact Number 97366540
 Address
 Postcode

Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : PASSENGER
	GENDER: : FEMALE

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of this accident to assist in the claims process.
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3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or willful failure to disclose or failure to disclose above insurance conditions may constitute **fraudulent 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 lodging 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 claim 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 situated 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 (a) 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:
NIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



(A) - STAFF ST

(B) - STAFF ST

ARAB ST / VICTORIA ST
Goods Kallang

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stopped stationary along the centre line of Arab
off Victoria St Goods Kallang. I was the second car from the
red traffic light junction suddenly, I felt an impact from my
vehicle rear portion and vehicle A had failed to stop this
hit into my vehicle rear portion vehicle A driver mentioned
that his vehicle fails to stop due to the left hand
curve. No one was injured.

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)

Reporting Centre Personnel's Signature

Name