### 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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	08/06/2018 18:38
Date Of Accident	07/06/2018 19:30
Exact Location Of Accident	ALONG ORCHARD ROAD BEFORE TURNING TO HANDY ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV7023E
Insured/Policyholder	
Name Of Registered Owner	CERAMICA 28 INTERNATIONAL PTE LTD
Co Reg No	200512135N
Email Address	CER28CS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90295408
Alternative Phone No	OFFICE-86939219
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097161277
Cover Note Number	
Driver	
Name of Driver	ARRIOLA JOHN AUGUSTINE

S8525725J NRIC No Date Of Birth 13/09/1985 Occupation **OUTDOOR Date Of Driving Pass** 02/09/2015

**Driving Experience** 2 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90295408

Fax Number

Contact Number OTHERS-86939219

**EMail Address** CER28CS@HOTMAIL.COM

**BLK 40 BEO CRESCENT** Address

#03-04

Postcode 160040

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** 

SIDE SWIPE Type Of Accident 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

NO

3

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

Passenger 2 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** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

**SLE6788R** Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SONG PENG TENG

NRIC/Passport Number S6925536A **Contact Number** 97834761

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
- 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.
- 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.

- MICA 28 INTERNATIONAL P. L.

Noiseu Signshire

Policyholder's Senature

Driver's Signature

(If driver is not the policyholder) 6/2018 Date & Time: }

Reporting Centre Porsonniel's Signature
Name:
NRIC/FIN No./XOL / W. HARA

## **Accident Sketch Plan**

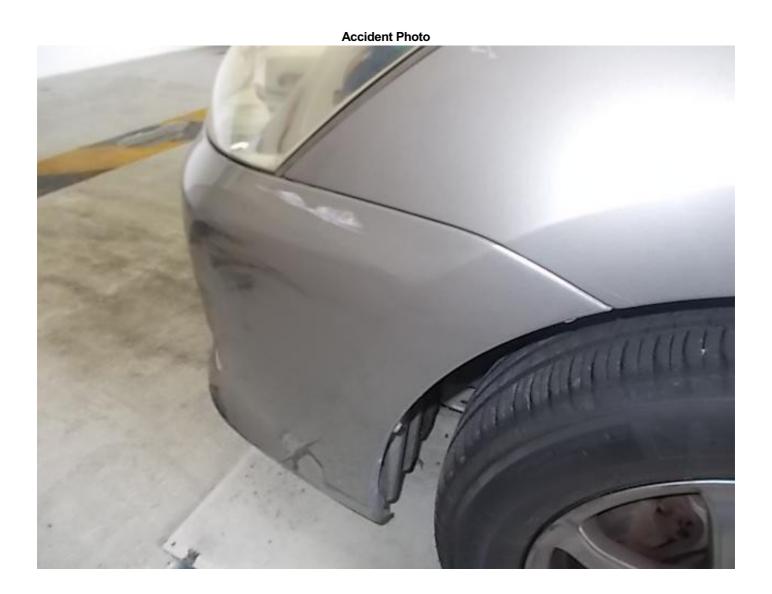
	Honor Pros
A) SLV 7029 B) SLE 6788	3E / /_/
DESCRIBE CIRCUMSTA	TANCES OF THE ACCIDENT
	in the right turn lane when car B turn d grazed my car on the front left.
DECLARATION	



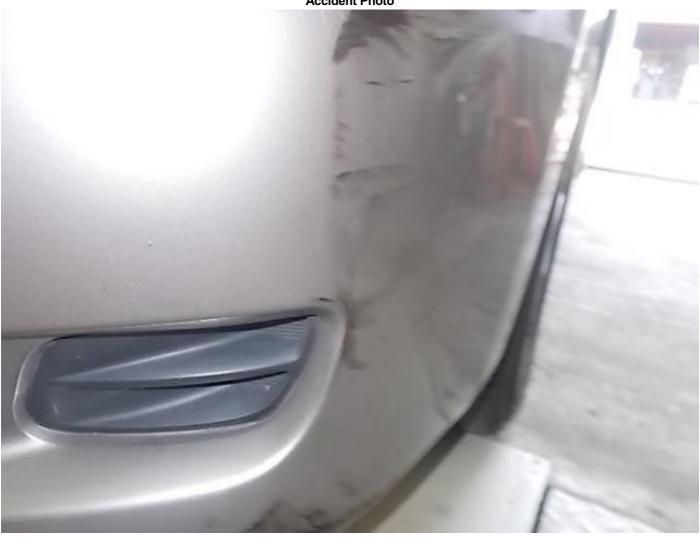


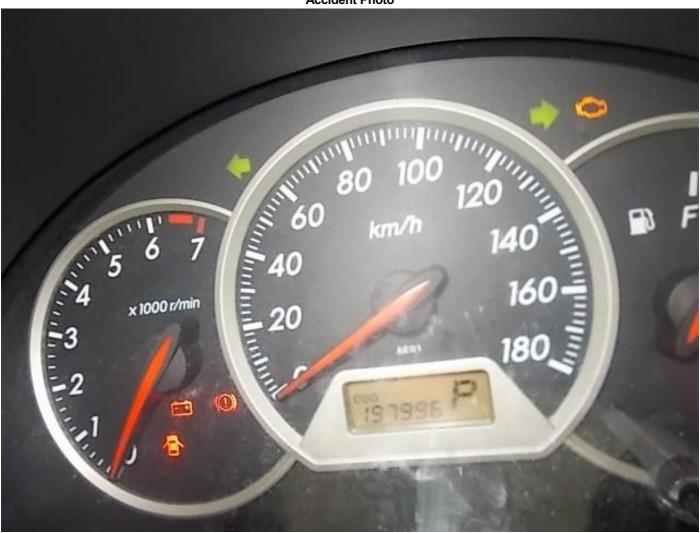














### **Addendum Sheet**



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

UEN: 566550200 / 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.

		ADDE	NDUM				
(A)		RSONMAKINGTHEAMENDM					
	Original Report No	MNAYIBOTYTIS	Vehicle Registration No	SLY 7013 E			
			THE NRIC/FIN/Passport No				
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address			Singapore( )			
	Contact (Tel)	4	Mobile No.: 90295	408			
	Email Address						
	Date of Accident	3106/2018	Time of Accident :	1:30			
	Place of Accident		AD BEFORE TURNING				
	Insurance Company			1			
	Insurance Company	/:_ <b>N</b> (NO					
(B) ADDITIONALINFORMATION / AMENDMENTS:							
	I have made a report make the following		ident and would like to include	additional information or			
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	- Boranc N	MINOUL OW SINCE	1 / 00,0				
	-						
			//	1 /			
			an	14/06/2018			
	Policyholder / Driv	ver's Signature		ersonnel's Signature			
	Date:		Name: NRIC/FINNo.:	8h wasters			
			Date:				