

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	04/06/2018 12:52
Date Of Accident	02/06/2018 06:10
Exact Location Of Accident	AT ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL3144S
Insured/Policyholder	
Name Of Registered Owner	SHARING WEALTH LLP
Co Reg No	T15LL1899G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 VTEC (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095846982
Cover Note Number	

Driver

Name of Driver	ABU BAKAR BIN HASSAN
NRIC No	S7044962E
Date Of Birth	06/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	02/10/1992
Driving Experience	25 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85906210
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 129 MARSILING RISE #02-294
Postcode	730120
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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)	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

ON 02/06/2018 AT ABOUT 0610HRS AT ALONG PIE TOWARDS TUAS BEFORE ENG NEO AVE EXIT. I WAS TRAVELLING ON THE LANE 2 AND WHEN MY FRONT VEHICLE SLOW DOWN HENCE I FOLLOW SUIT. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND FROM MY RIGHT SIDE MIRROR I NOTICED THAT A VEHICLE (B) ON MY RIGHT HAD VEERED INTO MY LANE. AFTER THE IMPACT VEHICLE (B) HAD NO INTENTION OF STOPPING HENCE I FOLLOW HIM UNTIL HIS DESTINATION AT NO.11 BUKIT BATOK WEST AVE 2 HOME FOR THE AGES. AFTER ALIGHTED, I INFORMED HIM THAT HE HAD COLLIDED ONTO MY VEHICLE WHILE CHANGING OF LANE AT THE PIE AND HE TOLD HE THAT HE HAD SKIDDED WHILE CROSSING OVER A POOL OF WATER AS IT WAS RAINING HEAVILY AND I WAS TOLD TO CLAIM AGAINST HIS INSURANCE. (A) SJL3144S (B) SJP712B

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	SJP712B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the notes on the back of this form before completing it.
2. This form must be completed by the Police Officer and/or the Accused 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 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 fees regarding this form shall be referred to the Police Officer in charge.
6. The report will be forwarded by the Insurers of the SIA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for the purpose of collecting and collating of this report, which will be made available to the relevant parties.
7. By the signing of this report by the insured, the insured, the insured's insurer(s) and/or the insured's insurer(s) 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 my claims and any necessary investigations relating to the claim;
 - (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").
8. The Insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes and
9. my Personal Information may be disclosed by any of the Insurers and/or GIAS to their third parties (vendors or agents) including their lawyers/law firms, within or outside of Singapore, for one or more of the above Purposes.
10. My Personal Information will be collected and used in accordance with the Personal Data Protection Act (PDPA) and its regulations.
11. My Personal Information collected under the PDPA may be used, disclosed or transferred:
 - (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.



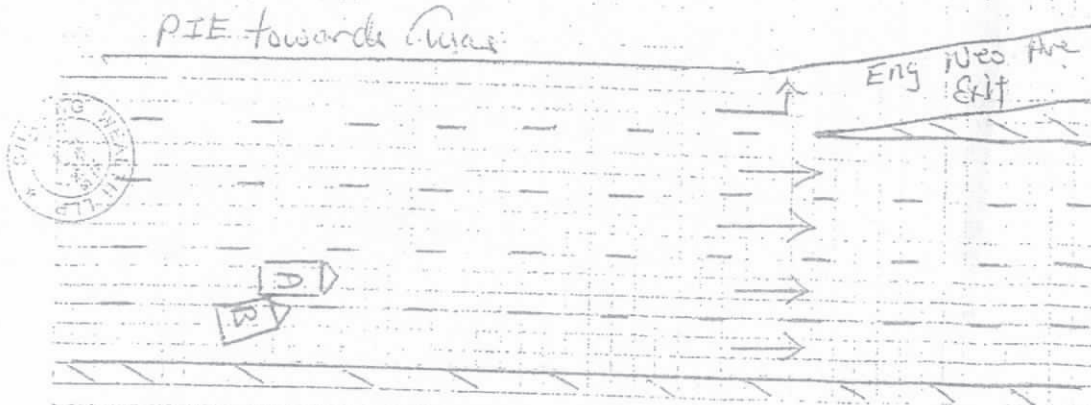
Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]
Reporting Officer's Name & Signature
Name:
NRIC/ID No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02/06/2018 at about 0610 hrs at along PIE towards Tuas before Eng Nco Ave Exit. I was travelling on the lane 2 and when my front vehicle slow down hence I follow suit. Suddenly I heard a loud bang from behind and from my Right side mirror I noticed that a Vehicle (CB) on my Right had veered into my lane. After the impact Vehicle (CB) had no intention of stopping hence I follow him until his destination at No 11 Bukit Batok West Ave 2 Home For the Ages. After alighted, I informed him that he had collided onto my vehicle while changing of lane at the PIE and he told me that he had skidded while crossing over a Pool of water as it was raining heavily and I was told to claim against his insurance.

DECLARATION

I/we declare foregoing particulars are true and correct.



Policyholder's Signature
Date & Time:

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

Reporting Centre Person's Signature
Name:
NRIC/PIN No:

CA) SCL 31445
CB) SJP 7128