

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	23/06/2018 11:12
Date Of Accident	23/06/2018 06:30
Exact Location Of Accident	AIRPORT TERMINAL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW5844G
Insured/Policyholder	
Name Of Registered Owner	JOHARI BIN MOHD YA'COB
NRIC No	S7421257C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93803160
Alternative Phone No	OTHERS-93803160

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (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	5096198369
Cover Note Number	

Driver

Name of Driver	JOHARI BIN MOHD YA'COB
NRIC No	S7421257C
Date Of Birth	27/06/1974
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93803160
Fax Number	
Contact Number	OTHERS-93803160
EEmail Address	NOEMAIL

Address	BLK 428 #02-475 TAMPINES STREET 41
Postcode	520428
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	3
Was any body injured in the Accident?	YES
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: : -
	GENDER: : FEMALE

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

THE INCIDENT TOOK PLACE ON THE ABOVEMENTIONED LOCATION. WHEN THE FRONT VEHICLE STOP I THEN FOLLOW SUIT. MY VEHICLE WAS STATIONERY AT THAT TIME. WHEN VEHICLE B UNABLE TO REACT ON TIME AND THUS COLLIDED ONTO MY VEHICLE REAR PORTION. THE IMPACT HAS BROUGHT MY VEHICLE MOVED FORWARD AND THUS COLLIDED ONTO VEHICLE C REAR PORTION. WHICH RESULTED MY VEHICLE TO SUSTAIN FRONT AND REAR PORTION DAMAGED.

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	SLR4222M
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLE1951E
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)

DETAILS OF INJURED PERSON 1

Name JOHARI BIN MOHD YA'COB
Approximate Age
Injuries Sustain -2DAYS MC-
Injured person in which vehicle? SFW5844G
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address BLK 428 #02-475 TAMPINES STREET 41
Postcode 520428

Sketch Plan Pg. 1

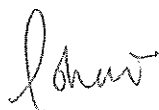
SKETCH PLAN

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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:

23 JUN 2018

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

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4
Singapore 415933
Name: Tel: 67416697 Fax: 67492305
NRIC/PR No: Email: vackb@singnet.com.sg



UNIVERSAL MEDICAL CLINIC

Blk 201E, Tampines Street 23
#01-104, Singapore 527201.
Tel : 6785 8887

MEDICAL CERTIFICATE

A No. 60918

This is to certify that

Mr/Ms

Johari Bin Mohd Ya'cob

I/C No.

57421257C

was seen today and found to be

☒ Unfit for duty/school for two day(s) from 23/06/18 to 24/06/18 inclusive.

☐ Fit for light duty from _____ to _____

Remarks

Date

23/06/18

DR. TAN TEE NGEE

MB.BS. (S'pore)

Family Physician

MGP M03357Z

Doctor's Signature

* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.