

## 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	02/07/2018 15:23
Date Of Accident	02/07/2018 07:05
Exact Location Of Accident	SLIP RD- CTE TOWARDS JLN BT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX470G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUSUF BIN SARIMAN
NRIC No	S7830384J
Email Address	UCOPMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91444716
Alternative Phone No	OTHERS-91444716

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD AUTO
Exact Purpose for which vehicle was being used at time of accident	PVT USE
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 CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097248135
Cover Note Number	09/01/2018 -10/05/2019

### Driver

Name of Driver	DIANA BINTE HARON
NRIC No	S8009584H
Date Of Birth	08/03/1980
Occupation	INDOOR
Date Of Driving Pass	15/08/2000
Driving Experience	17 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98579675
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	32H PLATINA RD
Postcode	758643
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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)	7
Passenger 1	NAME: : HARON BIN OMAR GENDER: : MALE
Passenger 2	NAME: : NORIDA BINTE HARON GENDER: : FEMALE
Passenger 3	NAME: : DINAH HADYA BINTE YUSUF GENDER: : FEMALE
Passenger 4	NAME: : DURRAH HUSNA BINTE YUSUF GENDER: : FEMALE
Passenger 5	NAME: : ILY AHDIA BINTE MUHAMMAD JUFFRY GENDER: : FEMALE
Passenger 6	NAME: : ALEENA YUSRAH BINTE MUHAMMAD JUFFRY 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

I WAS DRIVING ALONG CTE SLIP ROAD TOWARDS JLN BT MERAH (EXIT 1A) AT 0806HRS ON MONDAY, 2ND JULY 2018. AFTER THE ZEBRA CROSSING ON THE SLIP ROAD, I STOPPED TO GIVE WAY TO TRAFFIC ON JLN BT MERAH. A SHORTWHILE LATER, MY VEHICLE WAS IMPACTED FROM BEHIND BY A TAXI-SHD6808G. I HAD 6 PASSENGERS (4KIDS+2ADULTS). NO ONE WAS INJURED. THE TAXI DRIVER, MR LIM PENG FOOK-S2555390Z (HP:90697278) WAS VISIBLY UNHURT AS WELL. WE EXCHANGED PARTICULARS, TOOK PHOTOS AND SHORTLY AFTER DROVE OFF.

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6808G
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM PENG FOOK
NRIC/Passport Number	S2555390Z
Contact Number	90697278
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

MI / 1001233-001  
**SKETCH PLAN**

VEHICLE NO.: SJX 470 G.  
INSURER : NTHL  
DATE & TIME: 2/7/18  
8:06 am.


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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.

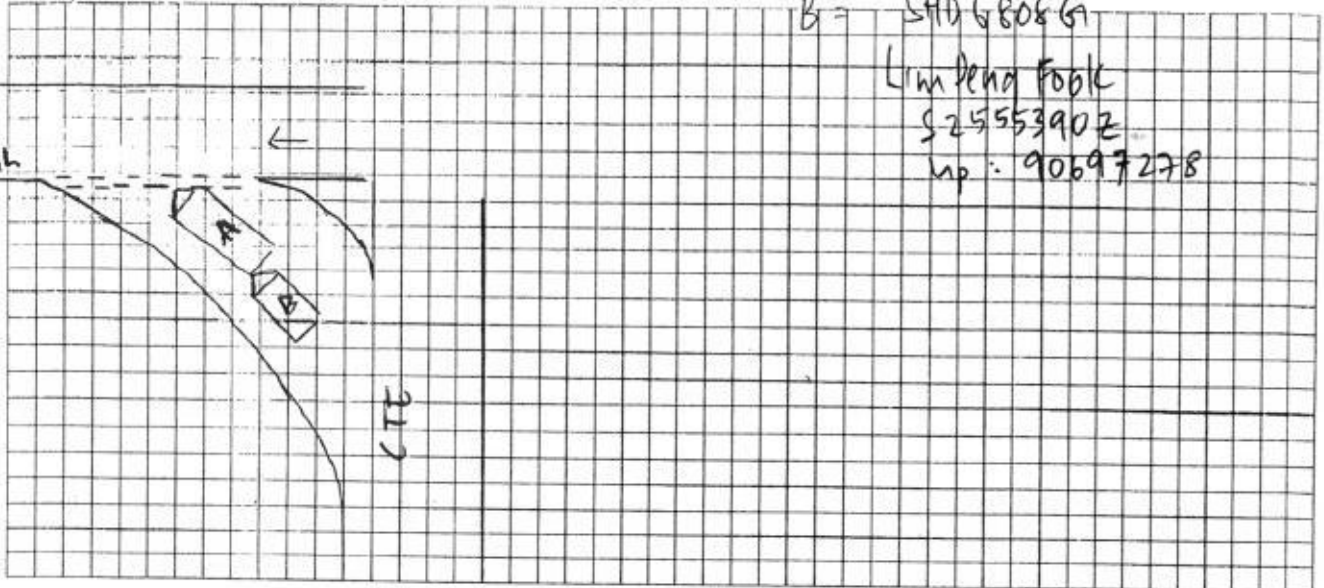
  
Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN

Jln  
BT Merah



A = SJX470G.

B = SHD 6806G

Lim Peng Fook

S25553902

hp: 90697278

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE slip road towards Jln BT Merah (Exit 1A) at 0806 hrs on Monday, 2nd July 2018. After the zebra crossing on the slip road, I stopped to give way to traffic on Jln BT Merah. A short while later, my vehicle was impacted from behind by a taxi - SHD 6806G. I had 6 passengers (4 kids + 2 adults). NO ONE was injured. The taxi driver, Mr Lim Peng Fook - S25553902 (hp: 90697278) was visibly unhurt as well. We exchanged particulars, took photos and shortly after drove off.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

Reporting Centre Personnel's Signature  
Name: *[Signature]*  
NRIC/FIN No.:

2/7/18

GIARMC SketchPlanForm\_V3 ( ) Claim Own Policy ( ☒ ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )