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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	04/07/2018 15:17	
Date Of Accident	03/07/2018 16:20	
Exact Location Of Accident	BLK 712 ANG MO KIO AVE 6 OPEN CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKB5786S	
Insured/Policyholder		
Name Of Registered Owner	8 RICH VALET SERVICES	
Co Reg No	53310416E	
Email Address	BIGSTARS82@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-82687313	
Alternative Phone No	OFFICE-82687313	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	ELANTRA-1.6 (A)	
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	THIRD PARTY	
Vehicle Category	PRIVATE HIRE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT	
Fleet Policy	NO	
Policy Number	5093910452	
Cover Note Number		
Driver		
Name of Driver	LOURDNATHAN S/O JOSEPH MARIA NATHAN	
NRIC No	S1595309H	

NRIC No S1595309H
Date Of Birth 20/02/1963
Occupation OUTDOOR
Date Of Driving Pass 12/07/1990

Driving Experience 27 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82687313

Fax Number

Contact Number OFFICE-82687313

EMail Address BIGSTARS82@GMAIL.COM

Address BLK 105 TECK WHYE LANE

#07-492

Postcode 680105

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 SIDE SWIPE
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

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

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? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJG5633K Vehicle Make/Model/Colour TOYOTA

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

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:
 - 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 invoive 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:
 - 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

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 Ceptre Personnel's Signature

NRIC/FIN I

SKETCH PLAN	BILC 712 HALG MO KIO	AVA 6 OPAN CONFIBERC
	BIAI E	A) SKB 5786S B) SJG 5633K
DESCRIBE CIRCUMSTAN	slike 6,0 while	turning out of the
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olicyholder's Signature bate & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personney's Agnature Name: NRIC/FIN No.: X Q X 1 W P A D X

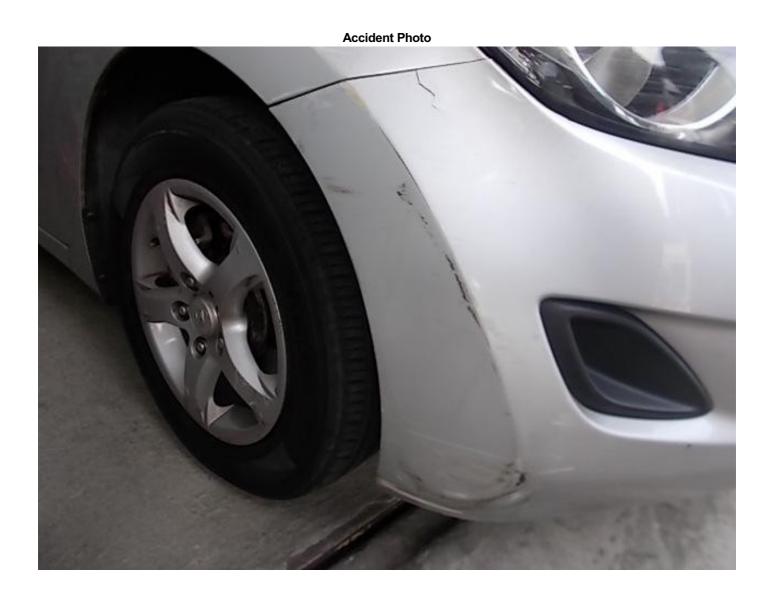
















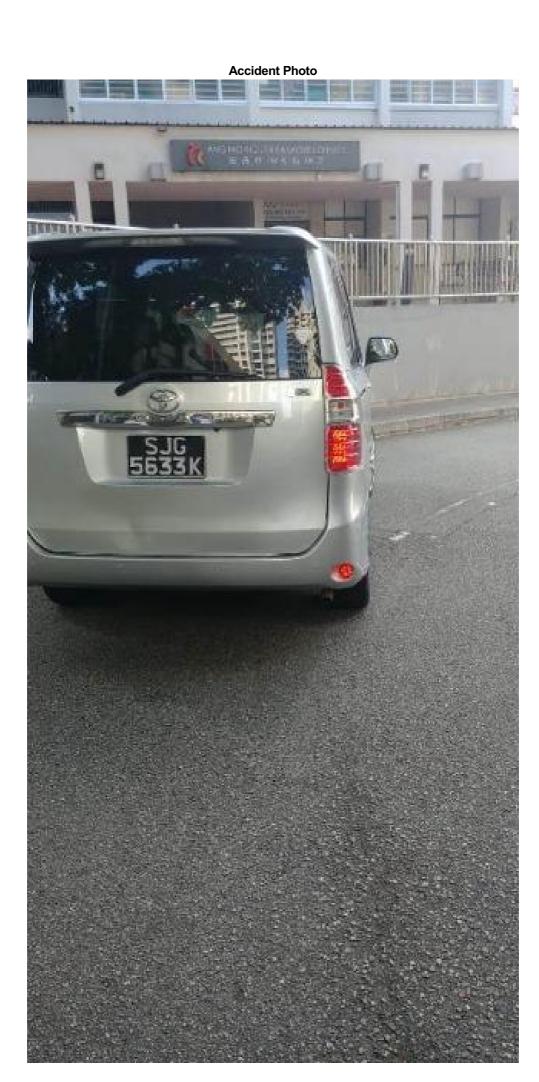


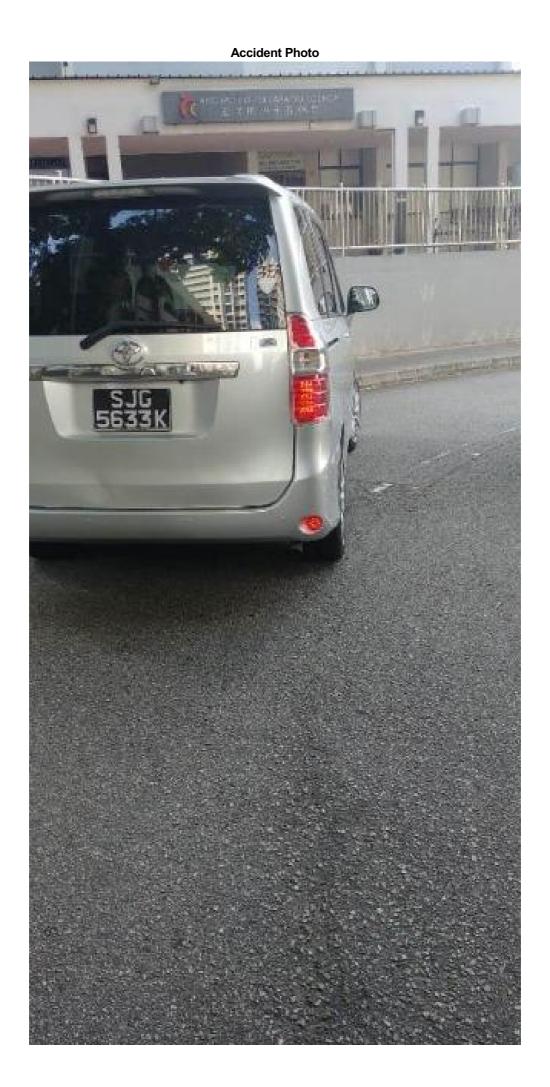


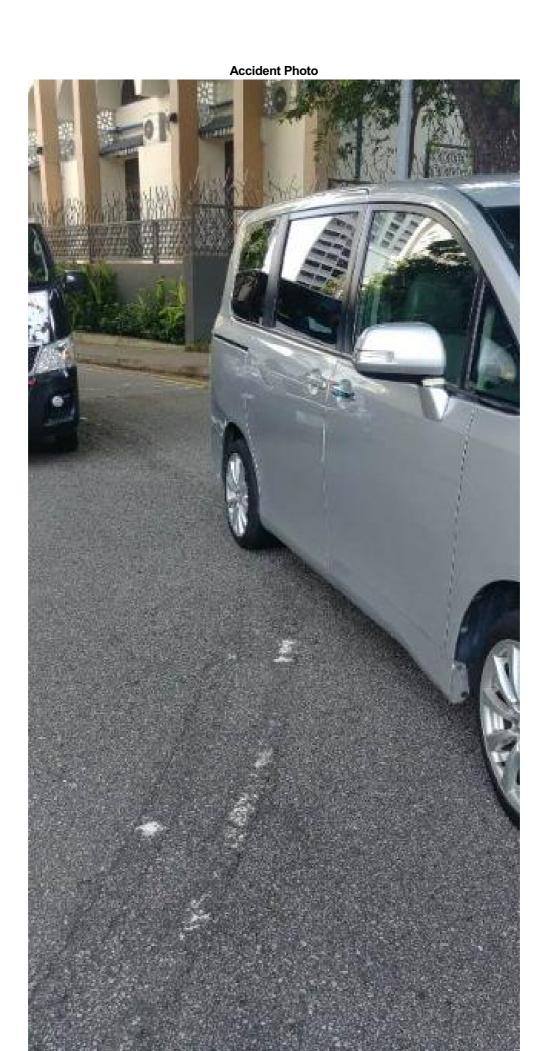




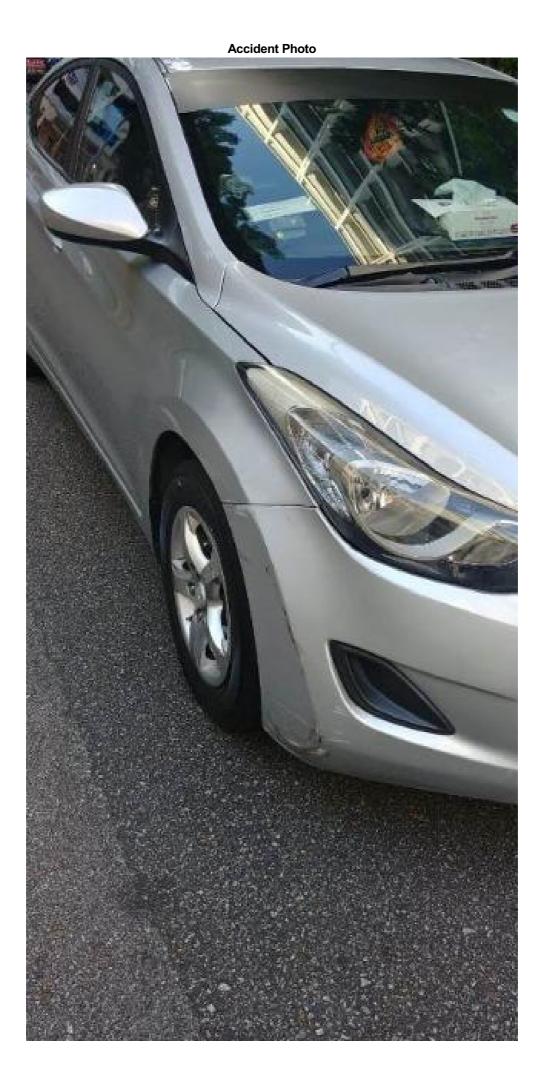












Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: 5665500200 / GST Reg. No.: M400017735

Policyholder / Driver's Signature

Date:

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: 2KB Original Report No : JOHRH MARIA MAZHEN Name (as shown in NRIC): (DURDNA)HAN NRIC/FIN/Passport No S/S (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Mobile No.: Contact (Tel) Email Address Time of Accident : Date of Accident 712 ANG MO KIO AVROLUK G Place of Accident Insurance Company: MUC (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: 8/0 08/194 MORIA MATHON DRIVAR NAMEY TO COURDMANHOW Reporting Centre Personnel's Signature

Name:

NRIC/FIN No Date: