

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	14/07/2018 09:21
Date Of Accident	13/07/2018 17:35
Exact Location Of Accident	NEWTON CIRCUS BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ1027J
Insured/Policyholder	
Name Of Registered Owner	AUTO TRINITY CREDIT PTE. LTD.
Co Reg No	201702129Z
Email Address	MUHDNURAMIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96521196
Alternative Phone No	OFFICE-91147540

Vehicle Particulars

Manufacturer	LEXUS
Model	RX350-3.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5089842398-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NURAMIN BIN JAMIL
NRIC No	S8302260D
Date Of Birth	12/01/1983
Occupation	INDOOR
Date Of Driving Pass	28/03/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91147540
Fax Number	
Contact Number	OFFICE-96521196
Email Address	MUHDNURAMIN@HOTMAIL.COM

Address	BLK 899B WOODLANDS DRIVE 50 #09-268
Postcode	731899
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	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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?	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:	FILE TOO LARGE FAIL TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW8731S
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AYYASAMY MURUGAN
NRIC/Passport Number	G7487330N
Contact Number	96745050
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

Accident Sketch Plan

16/07/2018

SKJ1027J_SKETCH0001.jpg

SKETCH PLAN

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3. Information provided should be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may constitute a breach of the policy terms, leading to **repudiate policy liability**.
4. This Form and all plans of this Form by insurance companies do not constitute an admission of policy liability on the part of the insurance companies.
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6. This report will be forwarded by the insurers to 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 lodging 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, the Policyholder, agree and consent that:

- a. The insurers, any partnership and the General Insurance Association of Singapore ("GIA") may be 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 generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insured(s) who have insured vehicle(s) involved in this accident (all insured(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Maritime Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - i. settling, 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 under my claims;
 - iii. processing and/or dealing with my instructions or responding to any enquiries by me;
 - iv. settling my claims (including the making of correspondence, statements, disclosures, reports or notices to me, agents and/or the disclosure of certain personal data about me to bring about delivery of the same as well as on the subsequent receipt 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. 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
- c. my Personal Information may also be disclosed by any of the insurers and/or its third party service providers or agents to their third party service providers, which may be used 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 of present and all future claims;
- e. Personal Information collected under (d) above may be shared / disclosed:
 - i. to any insurer and/or any other third parties that are investigating, investigating, investigating or managing fraud, investigation, law enforcement and government agencies as reasonably required for the purposes stated; or
 - ii. to any regulatory authority or other relevant authority under any regulations, rules or court orders;



Handwritten signature of the Policyholder.
Date & time: 16/7/18 @ 09:23 hrs

Handwritten signature of the Reporting Insurer's Personnel.
Name: [illegible]
ID No: 1001110

Accident Sketch Plan

16/07/2018

SKJ1027J_SKETCH0002.jpg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/7/2018 at around 1735hrs, I was driving at the roundabout after Newton Hawker Centre before exiting bukit Timah. I was on the centre lane when I felt a vehicle hit me by the side. When I step out of the car, I realize that a van hit me by the side. After confirming there is no injury, I told the driver to shift for vehicle after saving him taking photo. He then agree. There is some dent on the right passenger door. *The accident happen inside the yellow box.

DECLARATION

I declare that the above information is true and correct.



16/7/18
1232hrs

Driver's Signature
Off driver's seat the police officer
Date & Time 16/7/2018
01093Thrs

Reporting Officer's Signature
Name
NRK 11-11-18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION

JTJHK31U902061235

G/TR
212/LA00
ACTM
-02B/U151F
PLANTQ11

274 7

MODEL GSU35R-AWACKW

Accident Photo



Accident Photo



Accident Photo

