

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	21/07/2018 13:22
Date Of Accident	21/07/2018 09:10
Exact Location Of Accident	HUME AVE OUTSIDE HUME PARK II
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC9245S
Insured/Policyholder	
Name Of Registered Owner	KOMATHY D/O KUPPUSAMY
NRIC No	S7833485A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91712091
Alternative Phone No	OFFICE-91712091

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5035257530-09(CLASSIC)
Cover Note Number	

Driver

Name of Driver	KOMATHY D/O KUPPUSAMY
NRIC No	S7833485A
Date Of Birth	09/11/1978
Occupation	INDOOR
Date Of Driving Pass	15/03/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91712091
Fax Number	
Contact Number	OFFICE-91712091
Email Address	NOEMAIL

Address BLK 23 MARSILING DR #11-155
Postcode
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 COLLISION - CHANGE/CROSS LANE
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? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: WILL EMAIL IF REQUIRED
Was there any audio recorded? NO

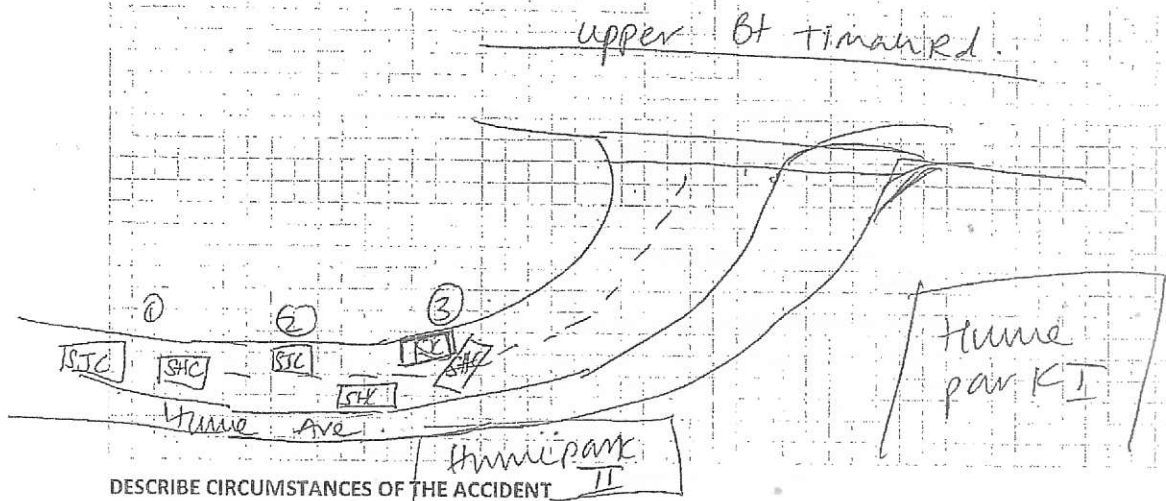
Details of Witness 1

Name DR HOLGER RUETH
Phone Number 83393237
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7257U
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver TEO SENG HUAT
NRIC/Passport Number S1257442H
Contact Number
Address
Postcode
Insurance Company Name

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Hume Ave towards Upper Bukit Timah Rd. Outside of Hume park II, there was a taxi (SHC 72574) in front of me. As the single lane split into 2 lanes, the taxi took the right lane and I was moving into the left lane. As I was passing beside the taxi, which was on my left front, he suddenly moved into my lane. I honked and had to jam on the brakes but the taxi hit into me nonetheless. I put on my hazard light, parked my car closer to the kerb and came out to get the cab driver's details.

DECLARATION

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

Policyholder's Signature
Date & Time:

21/7/18

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

IDAC BUKIT DATOK (NAC)

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

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:

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

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

REPORTING CENTRE PERSONNEL (VAC)