

## 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	10/09/2018 09:37
Date Of Accident	08/09/2018 06:40
Exact Location Of Accident	CTE TWDS AYE SLIP RD INTO MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW6396D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EASYDRIVE CAR RENTAL
Co Reg No	53375868L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96735981

### Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5098649458
Cover Note Number	

### Driver

Name of Driver	SYED ATHAILAH ALATTAS BIN ZAINAL ABIDIN
NRIC No	S9430344C
Date Of Birth	16/08/1994
Occupation	INDOOR
Date Of Driving Pass	17/07/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88169914
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	66 MOONSTONE LANE #03-10
Postcode	328498
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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?	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: : SYARIFAH PUTRI NOVIA 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(AYE) SLIP RD INTO MOULMEIN RD ON A SINGLE LANE RD. UPON ARRIVING AT THE PEDESTRIAN CROSSING, CYCLIST CYCLE ACROSS THE PEDESTRIAN CROSSING. AS SUCH, I APPLIED BRAKE STOP AND GIVE WAY TO THE CYCLIST. OUT OF THE SUDDEN VEH B CAME FROM THE REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEH.

#### 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	SH6896A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	SYED ATHAILAH ALATTAS BIN ZAINAL ABIDIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJW6396D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	SYARIFAH PUTRI NOVIA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJW6396D
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident 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:
  - (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.

#### EasyDrive Car Rental

200 Jalan Sultan  
#02-38 Textile Centre  
Singapore 159018  
Tel: 9673 5989 Fax: 6883 2418  
Email: [easydrivesg@gmail.com](mailto:easydrivesg@gmail.com)

Police Officer's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

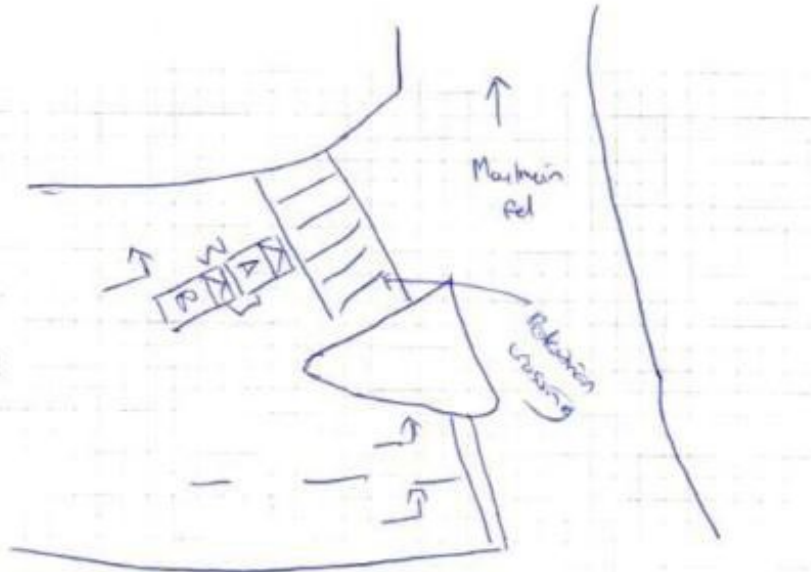
# Individual Statement

## SKETCH PLAN

A- SJN 6896D

B- SJN 6896A

CTE → AYE  
Sign Rd  
into  
Machin Rd



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE (AYE) sign road into Machin Rd on a single lane, road. Upon arriving at the pedestrian crossing, one cyclist cycled across the road pedestrian crossing. As such, I applied brake, stopped and gave way to the cyclist. Out of the sudden, car (B) came from the rear and collided with the rear portion of my vehicle.

A- SJN 6896D

B- SJN 6896A

## DECLARATION

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

**EasyDrive Car Rental**  
200 Jalan Sultan  
#02-38 Textile Centre  
Singapore 199018  
Tel: 6673 5989 Fax: 6883 2418  
Email: [easydrivesg@gmail.com](mailto:easydrivesg@gmail.com)  
DEN: 53375868L  
Date & Time:

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

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

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo

