

## 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	15/09/2018 15:10
Date Of Accident	14/09/2018 22:45
Exact Location Of Accident	CTE HEATDING TO ANG MO KIO AVENUE 5 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7338E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASIA PACZ PTE LTD
Co Reg No	199103705M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85403567
Alternative Phone No	OFFICE-85403567

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 100 MANUAL-3.0 D (M)
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	5088611273-01
Cover Note Number	

### Driver

Name of Driver	ISLAM RIAZUL
Passport No/FIN	G2370589W
Date Of Birth	15/07/1994
Occupation	OUTDOOR
Date Of Driving Pass	29/12/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85403567
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	7030 ANG MO KIO AVENUE 5 #01-07/08 NORTHSTAR @ AMK
Postcode	569880
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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

Refer To Annex A.

#### 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	SLK7586E
Vehicle Make/Model/Colour	
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**

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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: 15/09/18 10  
1246h5

*Renzul*

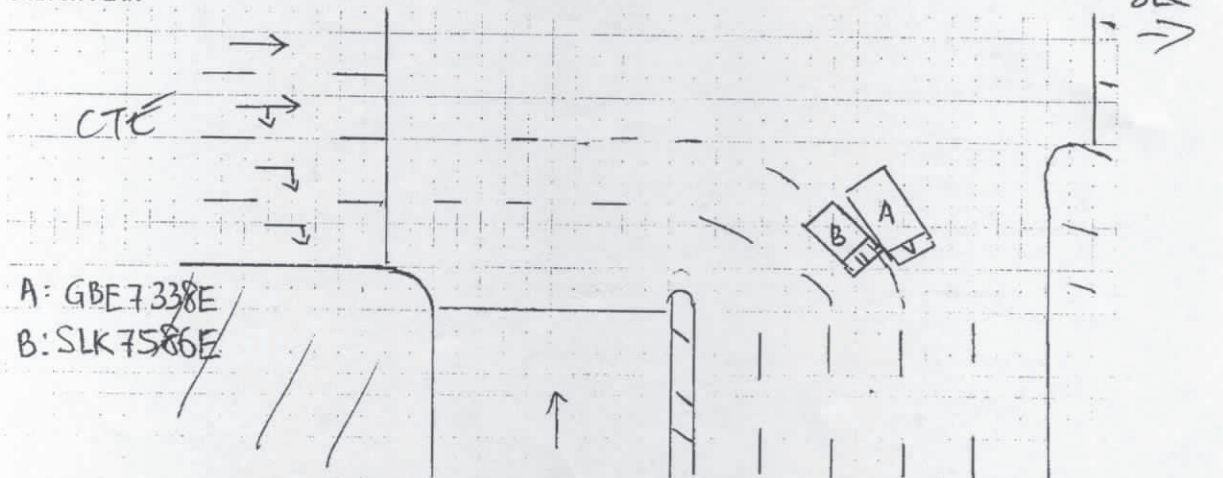
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*Sam Low*

Reporting Centre Personnel's Signature  
Name: Sam Low  
NRIC/FIN No.: S88598916B



### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Ang Mo Kio Avenue 5

Refer to Annex A

## DECLARATION

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



Policyholder's Signature

Date &amp; Time:

15/04/15E  
124610

GLIBC SketchPlatform\_V3

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre ~~Personnel's~~ Signature

Name: Quinn

NRIC/FIN No.:

5885984613

Annex A

On 14.09.2018 at about 2245hrs, I was driving along CTE heading to Ang Mo Kio Avenue 5 exit. Upon reaching the slip road, the traffic light was red and I stopped along the 2<sup>nd</sup> left lane. When the light turned green, vehicles ahead started to move forward and I follow suit. While in the midst of turning into Ang Mo Kio Avenue 5, I felt a sudden impact and realized vehicle B (SLK7586E) cut into my lane and hit onto the right portion of my vehicle (GBE7338E).

Vehicle A: No passenger onboard

Vehicle B: 1 female passenger onboard



*Rlozul*