

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	24/09/2018 20:45
Date Of Accident	23/09/2018 17:50
Exact Location Of Accident	JUNCTION OF PIONEER ROAD NORTH/SOON LEE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG215E
Insured/Policyholder	
Name Of Registered Owner	JYOTIRAKSHA SAHA
NRIC No	S9170604J
Email Address	KRYSTALLMZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83398337
Alternative Phone No	OTHERS-93869266

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5099600599
Cover Note Number	

Driver

Name of Driver	KRYSTAL LEE MIAO ZHI
NRIC No	S9307351G
Date Of Birth	25/02/1993
Occupation	INDOOR
Date Of Driving Pass	16/01/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83398337
Fax Number	
Contact Number	OTHERS-93869266
EEmail Address	KRYSTALLMZ@GMAIL.COM

Address	BLK 659B JURONG WEST STREET 65 #13-309
Postcode	642659
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - GIRLFRIEND
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 STATEMENT AND ATTACHMENT

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	FA15G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	TNG SWEE HOCK
NRIC/Passport Number	S1227735J
Contact Number	97814700
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

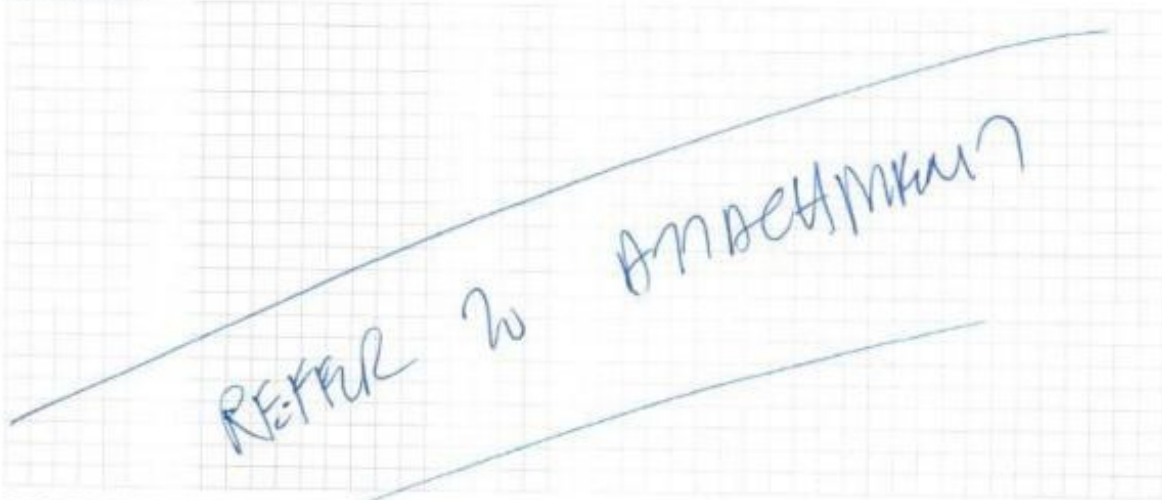
Policyholder's Signature:
Date & Time:

 24/09/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 24/09/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER to SKETCH PLAN

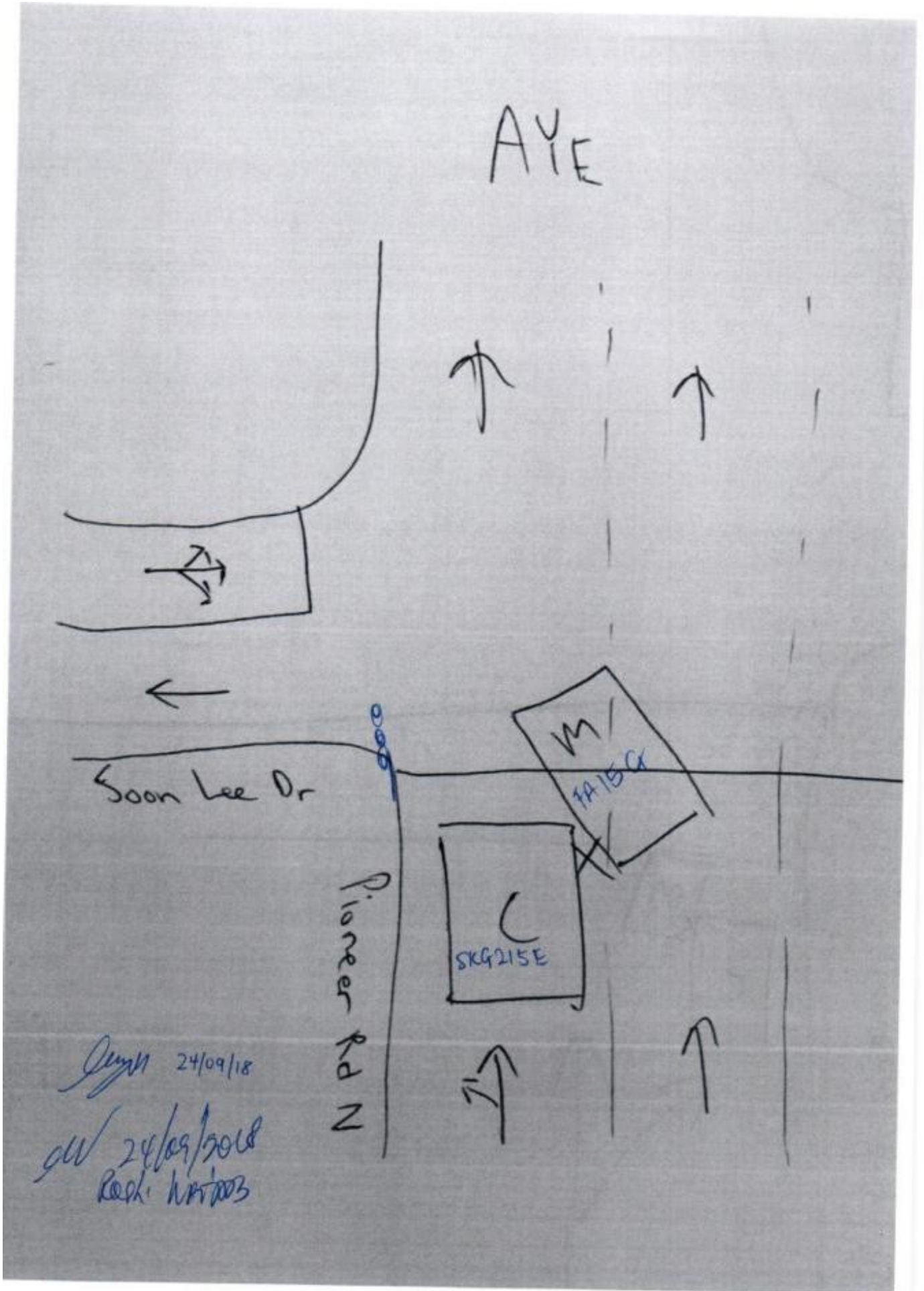
DECLARATION

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

Policyholder's Signature
Date & Time:

 24/09/18
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 24/09/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:



STATEMENT

The incident occurred on 23/09/2018 1750 hours along Pioneer Road North heading towards AYE before Soon Lee Drive. I was on the leftmost lane (straight and left turn lane going straight with the right of way. As I was approaching the junction, a bike, FA15G, suddenly dashed across from my right from the second lane in front of me to make the left turn. I immediately jammed brake to avoid him, but it was too late as he hit my car first on the right side of the bumper in his effort to make the turn. Due to the impact, my bumper was dislodged on both sides and my centre grill in the bumper was dislodged inwards as well. No injuries were sustained during the accident.

Reshwan
Reshwan

Reshwan 24/09/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



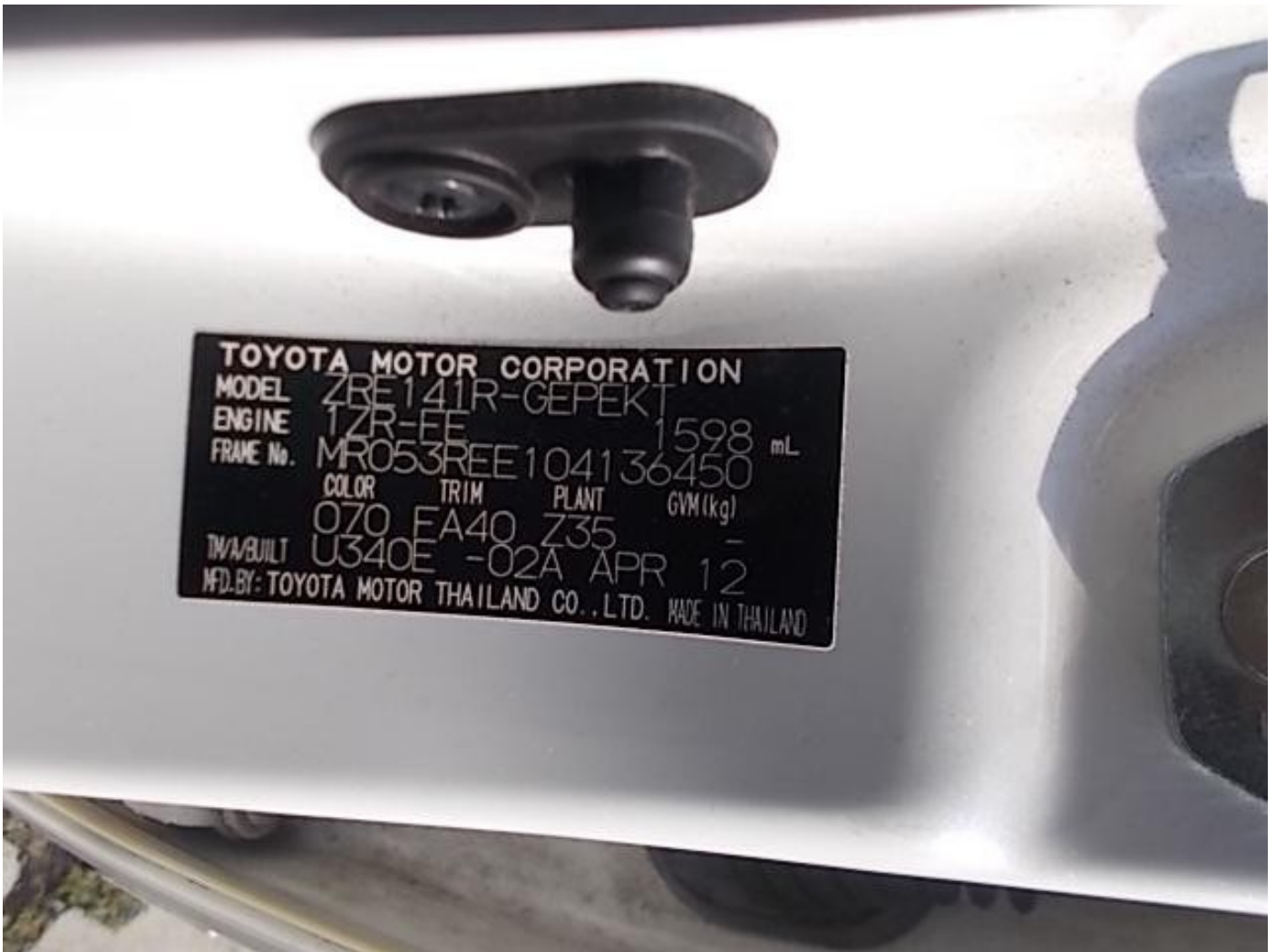
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