

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 liability.
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	06/10/2018 09:44
Date Of Accident	05/10/2018 12:45
Exact Location Of Accident	NO 11-71 TAMPINES IND AVE 5(T5 @ TAMPINES)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFX217U
Insured/Policyholder	
Name Of Registered Owner	EPIC CAR LEASING PTE LTD
Co Reg No	201818232K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93639889

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5101294101
Cover Note Number	

Driver

Name of Driver	YUSRI BIN ABDUL RAHMAN
NRIC No	S7403658I
Date Of Birth	17/02/1974
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1994
Driving Experience	24 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90075797
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 656 WOODLANDS RING RD #10-362
Postcode	730656
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 - OPENING DOOR OF VEHICLE
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

I WAS TRAVELLING ON A SINGLE LANE DRIVEWAY, IN THE ESTATE OF T5@TAMPINES. WHILE DRIVING STRAIGHT AHEAD, SUDDENLY A VEH ON MY LEFT SWING OUT HIS DOOR AND THUS HIT ONTO THE LEFT SIDE PORTION OF MY VEH. AS THE SWINGING OUT OF THE DOOR WAS TOO SUDDEN THAT I DOESN'T HAVE TIME TO REACT AND AVOID. ALIGHTED FROM VEH AND REALIZED A VEH B STOPPED HIS VEH AT THE SIDE DIDN'T CHECK ON THE BLIND SPOT AND JUST OPENED THE DOOR AND CAUSES THE COLLISION. THE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR CAMERA.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ1101R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN


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7. By the lodgment 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 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:

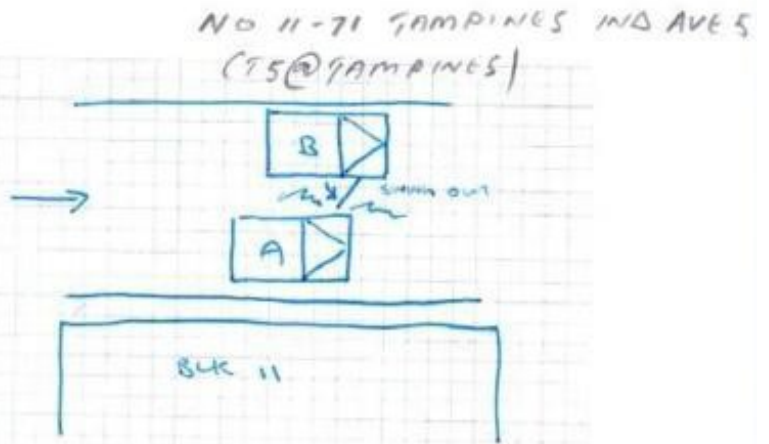
 06/10/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN

VEHICLE A - SFX 217U

VEHICLE B - GZ 1101R



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ON A SINGLE LANE DRIVE WAY, IN THE
DIRECTION OF TS@TAMPINES.

WHILE DRIVING STRAIGHT AHEAD, SUDDENLY A VEHICLE ON
MY LEFT SWING OUT HIS DOOR AND THUS HIT ONTO
THE LEFT SIDE OF MY VEHICLE.

AS THIS SWINGING OUT OF THE DOOR WAS TOO SUDDEN
THAT I DOESN'T HAVE TIME TO REACT AND AVOID.

ALIGNED FROM VEHICLE AND MANAGED A VEHICLE
WITH LICENSE PLATE NUMBER (GZ 1101R) STOPPED
HIS VEHICLE AT THE SIDE, DIDN'T CHECK ON THE BLIND
SPOT AND JUST OPENED THE DOOR, AND CAUSED THE
COLLISION BETWEEN BOTH OF OUR VEHICLES.

THE ACCIDENT FOOTAGE WAS CAPTURED BY MY IN-CAR
CAMERA.

VEHICLE A - SFX 217U

VEHICLE B - GZ 1101R

DECLARATION

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

Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)

Reported Centre Personnel's Signature
Name

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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