

## 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	11/10/2018 13:31
Date Of Accident	11/10/2018 12:10
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7143X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NEO HOCK KEONG ALBERT
NRIC No	S7526335Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90280667
Alternative Phone No	OTHERS-90280667

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
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?	YES
If No, Please state action to be taken	
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	5100580886
Cover Note Number	

### Driver

Name of Driver	NEO HOCK KEONG ALBERT
NRIC No	S7526335Z
Date Of Birth	22/08/1975
Occupation	INDOOR
Date Of Driving Pass	03/09/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90280667
Fax Number	
Contact Number	OTHERS-90280667
Email Address	NOEMAIL

Address	BLK 56 CASSIA CRESCENT #11-15
Postcode	391056
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 - HEAD TO REAR
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 TO THE ATTACHED STATEMENT.

#### 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	GBH6486B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD SHAKIR BIN MOHAMAD SHAROM
NRIC/Passport Number	S9116821I
Contact Number	87428214
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

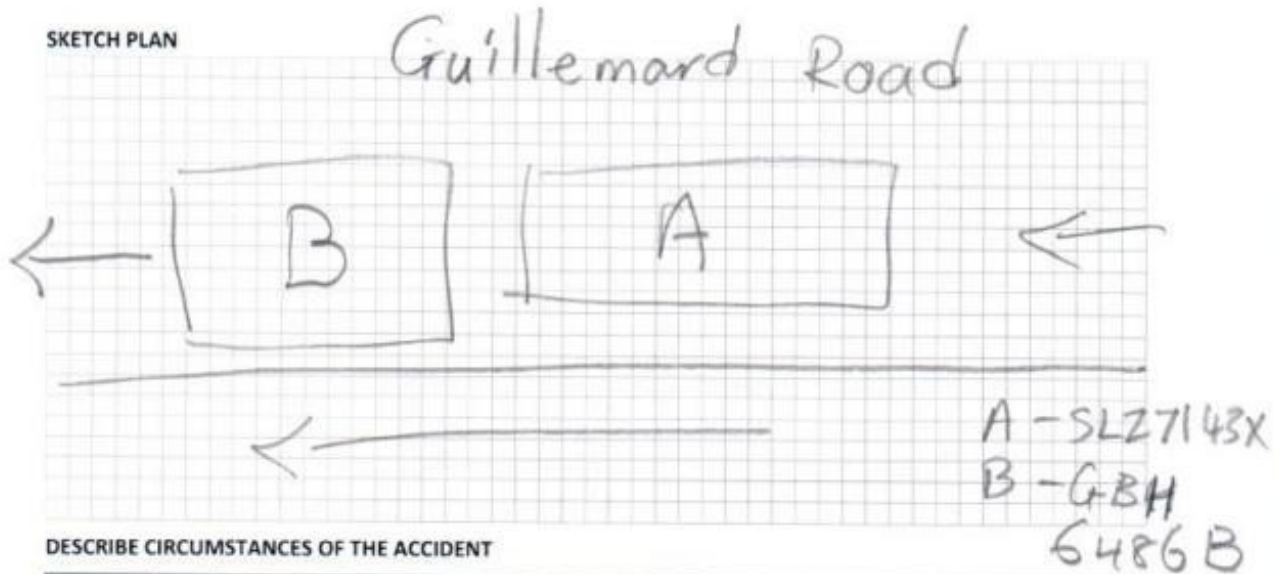
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN





### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle A driving along Guillemard Road AND Suddenly vehicle B brake, Vehicle A could not brake in time and bang into Vehicle B rear portion, vehicle A damage was at the front portion.

### 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)  
Date & Time:

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

11/10/2018



# Sketch Plan #3



AUTOSWIFT RECOVERY PTE LTD

## TOW JOB WORK ORDER

GST Reg No. : 19-9806389-N  
Co. Reg No. : 199806389N

Contract :

NPLC INCOME INSURANCE

W/Order No. : T 152927

### PART A: JOB DETAILS

Service Date 11.10.2018 Time Received 1255  
Member / Customer's Name RIDER HAZZA Time Arrived 1302  
Membership / NRIC No. \_\_\_\_\_ Time Completed \_\_\_\_\_  
Contact No. 91769761 Total Mileage 15  
Vehicle Registration No. SLZ 7143X Car Make / Model Honda SHUTTLE  
Breakdown Location Gwillemond Rd. Towed Destination 51 UBI AVE 1

NORMAL TOWING	ADDITIONAL SERVICES
<input checked="" type="checkbox"/> Straight Towing	<input type="checkbox"/> Multi-Storey / Basement Car Park #01-25
<input type="checkbox"/> Straight Towing with King Dolley	<input type="checkbox"/> Woodlands Checkpoint / Tuas 2nd Link P2YA UBI
<input type="checkbox"/> Flat Bed / Car Carrier	<input checked="" type="checkbox"/> Accident Towing NAC.
<input type="checkbox"/> Flat Bed / Car Carrier with King Dolley	<input type="checkbox"/> Car Ditched / Winched Up / Crane Up
<input type="checkbox"/> Heavy Goods Vehicle (Class 5 Towing)	<input type="checkbox"/> Dismantle Shaft / Release Brakes

SURCHARGES / OTHERS	ROADSIDE SERVICES
<input type="checkbox"/> Sunday / Public Holiday Towing (full day)	<input type="checkbox"/> Jump Start
<input type="checkbox"/> Midnight Towing (2400hrs to 0700hrs)	<input type="checkbox"/> Tyre Replacement
<input type="checkbox"/> Call Cancelled / Car Missing	<input type="checkbox"/> Patch Tyre Service
<input type="checkbox"/> Standby / Waiting Time	<input type="checkbox"/> Repair Tyre & Returned
Duration : _____	<input type="checkbox"/> Battery Replacement
<input type="checkbox"/> AA Membership Enrolment / AA Renewal	Battery Receipt No. _____

### REMARKS / COMMENTS BY TOW CREW

Tow Crew ID / Signature 71 Truck No. YK9882H Operation Officer's Signature \_\_\_\_\_

### PART B: MEMBER / CUSTOMER ACKNOWLEDGEMENT

- I authorise AutoSwift Recovery Pte Ltd to tow my vehicle to the above-mentioned workshop of my choice.
- I have been advised to remove all valuables (handphone, laptop, parking coupons, cash cards etc) from the vehicle.
- I understand that items left behind are at my own risk and that AutoSwift Recovery Pte Ltd will not be held responsible for any losses.
- I accept that there may be damages to my vehicle arising from the towing operation and I will not hold AutoSwift Recovery liable for the damages.

5 Remarks : \_\_\_\_\_

Member / Customer Signature \_\_\_\_\_

Date \_\_\_\_\_

### PART C: WORKSHOP / AGENT DECLARATION

- I hereby represent the company receiving the above mentioned vehicle.
- AutoSwift Recovery Pte Ltd will not be held responsible for any damages or loss of valuables discovered while the vehicle is in our possession.

3 Remarks : \_\_\_\_\_

Workshop's Representative Signature \_\_\_\_\_

Workshop's Stamp \_\_\_\_\_

Date \_\_\_\_\_

CUSTOMER COPY

Swift and Safe

## AutoSwift Recovery Pte Ltd

(A wholly-owned subsidiary of AA Singapore)

Head Office: 535 Kallang Bahru #02-08 GB Point Singapore 339351 Office: 6333 8811 Fax: 6733 5094  
Branch Office: 10 Kallang Way Singapore 349215 24 Hours Hotline: 6844 3611 Office: 6389 4261 Fax: 6473 4996

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





