

## 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	13/08/2018 16:11
Date Of Accident	11/08/2018 13:30
Exact Location Of Accident	LORONG 22 TOWARDS GUILLEMARD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA3787J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMOUR VENTURES
Co Reg No	53316317W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92329495
Alternative Phone No	OFFICE-92329495

### Vehicle Particulars

Manufacturer	OPEL
Model	CROSSLAND X
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5101305805
Cover Note Number	05/06/2018 - 04/06/2019

### Driver

Name of Driver	RANDHAWA AMRITA KAUR
NRIC No	S8871683C
Date Of Birth	19/08/1988
Occupation	INDOOR
Date Of Driving Pass	30/10/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92329495
Fax Number	
Contact Number	
Email Address	AMRITA88KAUR@GMAIL.COM

Address 34 TANAH MERAH KECHIL ROAD #01-30  
 Postcode 465560  
 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 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) 2  
 Passenger 1  
 NAME: : PASSENGER  
 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 STRAIGHT SENDING MY PASSENGER TOWARDS GUILLEMARD ROAD WHEN VEHICLE B CUT INTO MY LANE ABRUPTLY AND HIT INTO THE FRONT RIGHT PORTION OF MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE MOVED TOWARDS THE LEFT AND MY FRONT LEFT RIM GRAZED AGAINST THE KERB. NO ONE WAS INJURED.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJS1077D  
 Vehicle Make/Model/Colour TOYOTA ALTIS  
 Details Of Properties LEFT PORTION  
 Vehicle Category PRIVATE CAR  
 Name of Driver NG WEE KEONG  
 NRIC/Passport Number S0016427E  
 Contact Number 96318615  
 Address 13 JALAN MUHIBBAH  
 Postcode 368725  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

## Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: M1

D.O.A:

11.5.18

Vehicle No:

SMA3787J

Report Date: 8/13/2018 Start Time: 4:38 PM

Make:

Opel Crosslander X

Reporting Type:

TP

End Time:

### IMPORTANT NOTICE

### SKETCH PLAN

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6. The 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.
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 be 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 be 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 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 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.



8/13/2018 16:38

Policyholder's Signature  
Date & Time:

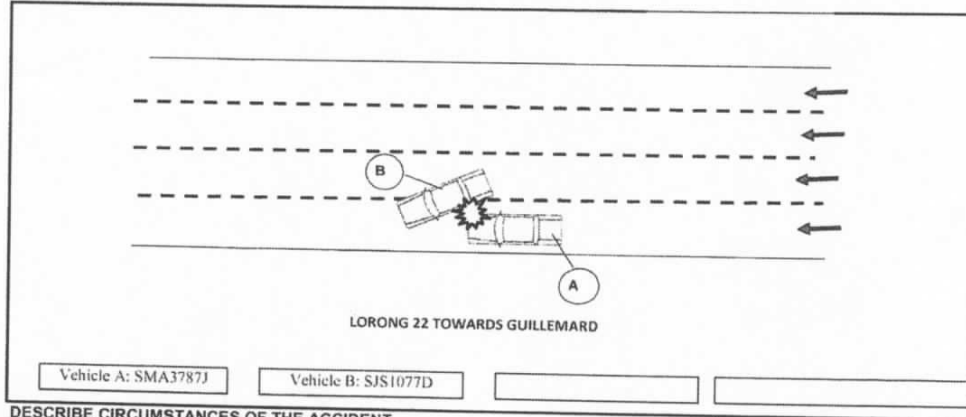
Driver's Signature (If driver is not the policyholder)  
Date & Time:

8/13/2018 16:38

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT SENDING MY PASSENGER TOWARDS GUILLEMARD ROAD WHEN VEHICLE B CUT INTO MY LANE ABRUPTLY AND HIT INTO THE FRONT RIGHT PORTION OF MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE MOVED TOWARDS THE LEFT AND MY FRONT LEFT RIM GRAZED AGAINST THE KERB. NO ONE WAS INJURED.

DECLARATION

I hereby declare that the foregoing particulars are true in every respect.



8/13/2018 16:38

Policyholder's Signature  
Date & Time:

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

8/13/2018 16:38

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765