

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	27/10/2018 12:02
Date Of Accident	26/10/2018 20:20
Exact Location Of Accident	AIRPORT BOULEVARD TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4904A
Insured/Policyholder	
Name Of Registered Owner	SINGAPORE MOBILITY CORPORATION PTE LTD
Co Reg No	200603234Z
Email Address	RIDWAN@SIXT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64239566

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PICKING UP GUEST
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	YES
Policy Number	5070670731-03
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	ABU BAKAR BIN HAJI IBRAHIM
NRIC No	S7122628Z
Date Of Birth	08/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	19/10/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81331016
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 605 BEDOK RESERVOIR RD #04-574
Postcode	470605
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 - 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	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

I WAS DRIVING ALONG AIRPORT BOULEVARD TWDS PIE. THE VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED. I ALSO FOLLOWED TO SLOW DOWN AND STOPPED. SUDDENLY, VEHICLE B (SLL4999L) HIT ME FROM BEHIND CAUSING DAMAGE TO MY VEHICLE REAR PORTION. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	SLL4999L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE HIRE
Name of Driver	LOW LAI SENG
NRIC/Passport Number	S7474812J
Contact Number	82888907
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:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/10/2018

1100hrs

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

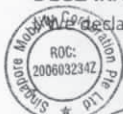
A: SKU4904A
B: SLL4999L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Airport Boulevard twds PIE. The vehicle in front of me slowed down & stopped, I also slowed down & stopped. Suddenly, Vehicle B SLL 4999L hit me from behind causing damage to my vehicle rear portion. Nobody was injured at the time of accident.

DECLARATION

I declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature

Driver's Signature
(If driver is not the policyholder)
Date & Time: 23/10/2018

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for

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

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKCR18139541 Vehicle Registration No : SKU4904A
Name (as shown in NRIC) : Abu Bakar Bin Haji Ibrahim NRIC/FIN/Passport No : ST1226288
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 81331016
Email Address : _____
Date of Accident : 26-10-18 Time of Accident : 2020hrs
Place of Accident : Airport Blvd twds PIE
Insurance Company : NTUC Income

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend Vehicle Registration No : SKU4904A

Policyholder / Driver's Signature
Date: 29/10/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 29/10/18