

## 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	05/11/2018 09:26
Date Of Accident	28/10/2018 16:20
Exact Location Of Accident	ROCHOR EXIT BEND TWDS BUGIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN7223Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUMASNI BINTE SUNAR
NRIC No	S1109699I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97457816
Alternative Phone No	OTHERS-97457816

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5087337456-01
Cover Note Number	

### Driver

Name of Driver	NAZARUDDIN BIN MASHRUDDIN
NRIC No	S8920248E
Date Of Birth	06/06/1989
Occupation	INDOOR
Date Of Driving Pass	12/12/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92773549
Fax Number	
Contact Number	
Email Address	NAZTYKEYS@GMAIL.COM



Address	BLK 245 TAMPINES ST 21 #08-309
Postcode	521245
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### 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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : MASHRUDDIN BIN SAHARUDDIN GENDER: : MALE
Passenger 2	NAME: : SUMASNI BINTE SUNAR 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

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



## 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: 3/11/2018

  
NAZAKUDDIN MASHRUDDIN

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3 NOV 2018

 05/11/18

Reporting Centre Personnel's Signature

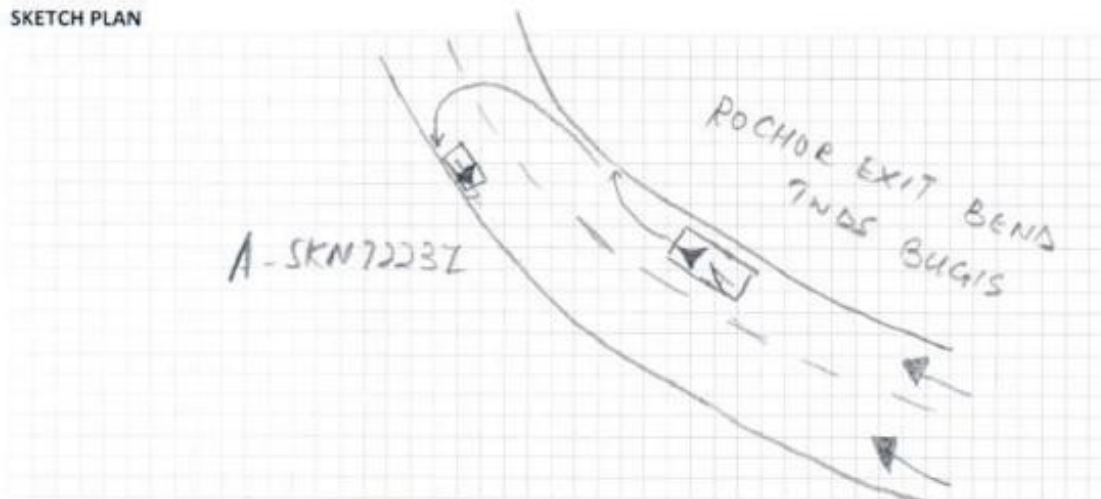
Name:

NRIC/FIN No.:



## Individual Statement

### SKETCH PLAN

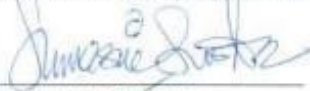


### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<del>At the long bend</del>
- At the long bend, I slowed the vehicle down to 50km/h and braked further to about 40 km/h, while still maintaining a safe distance from the car in front. (about 2-3 vehicle distance)
- Just as the bend was about to end, still braking, my car skidded to the right. I jammed the brakes hard and counter-steered to the left. The car hit the right railing and "bounced off" towards the left. My steering wheel was locked and I couldn't control the direction of the car. <del>It then hit the</del> The car turned to face oncoming traffic by <del>moving</del> <sup>skidding</sup> to the left and hit the left railing on the right side of the car.
- After the accident, I tried to move the car out of danger by doing a 3-point turn (with hazard lights on) and parked on the right-most lane. LTA and EMAS arrived within 3-5 minutes.
- The right front and rear <del>tire</del> tires are punctured, rims damaged. Front right bumper and rear right side bumper are damaged.

### DECLARATION

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



Policyholder's Signature

Date & Time: 3/11/2018



NAZARUDDIN MASBUDDIN

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3 NOV 2018



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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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