

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	08/11/2018 15:36
Date Of Accident	07/11/2018 18:30
Exact Location Of Accident	TURF CLUB AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9487C
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Insured/Policyholder

Name Of Registered Owner	SERVIRE AUTO SOLUTIONS
Co Reg No	53372836C
Email Address	YUNUSDYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91478751
Alternative Phone No	OFFICE-91478751

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6(A) EX ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5095720330
Cover Note Number	

Driver

Name of Driver	YUNUS DAVID YIN YING
NRIC No	S9131816D
Date Of Birth	26/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91478751
Fax Number	
Contact Number	OTHERS-91478751
Email Address	YUNUSDYY@GMAIL.COM

Address	BLK 524B PASIR RIS STREET 51 #05-611
Postcode	512524
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 - 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?	YES
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	GZ6240P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HLA WIN SOE
NRIC/Passport Number	G5963241N
Contact Number	82688150
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YUNUS DAVID YIN YING
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Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

SKZ9487C

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

SERVIRE AUTO SOLUTIONS
Reg No: 53372836C

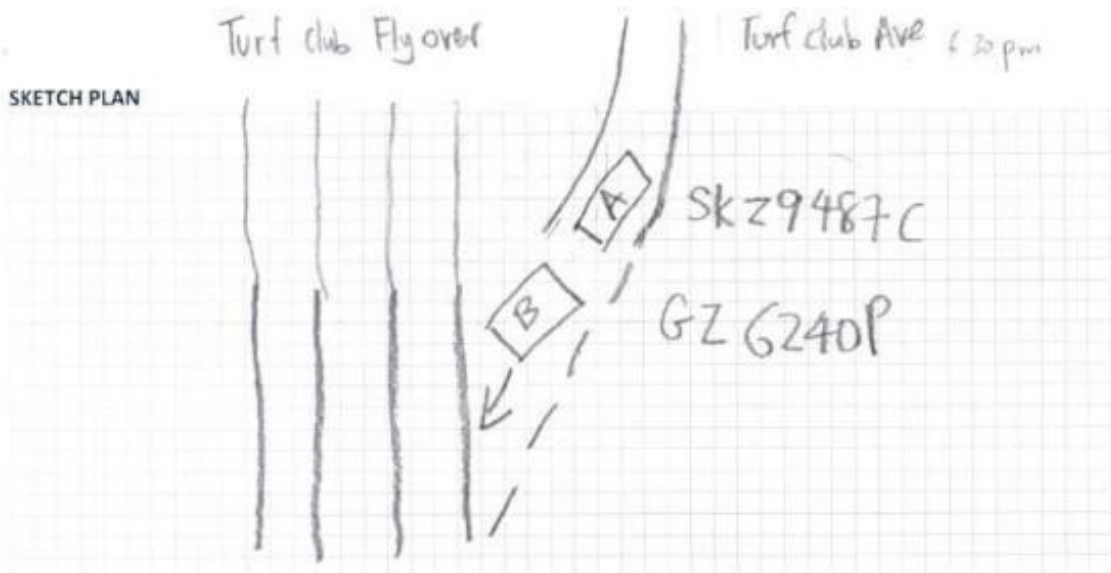
Policyholder's Signature
Date & Time:

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

1) My vehicle - SKZ 9487C was driving out of Turf club Ave (Singapore Turf club), it was a merging lane towards the highway 1) BKE (Woodland's, Johor) 2) SLE (CTE/TPE) 3) BKE (PIE) as I was driving out of a bend onto the highway, GZ 6240P slowed down suddenly, I couldn't react in time even when I did an emergency braking and my vehicle collided into GZ 6240P which the driver intended to stop at the merging lane to alight his workers that were at the back of his vehicle. No one was injured during this accident. There were no damage on GZ 6240P but the my vehicle SKZ 9487C was damaged badly.

DECLARATION

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

SERVIRE AUTO SOLUTIONS
Reg No: 53372836C

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.:

9/11/2018

Sketch Plan #3



NTUC Income Insurance Co-operative Limited
 Income Centre 75 Bras Basah Road Singapore 189557
 Tel: 43 INCOME/6788 1777 - Fax: 6338 1500
 Email: enquiry@income.com.sg - Website: www.income.com.sg
 an NTUC Social Enterprise

Guidance Note

This Guidance Note is intended to assist you with your policy details and the accident reporting procedures.

If you require further assistance, please call our Command Centre (24-hour hotline) at **6789 5000**

Ref: OF/2016-2020/ **8661**

Policy Number 2016-2020/8661		Vehicle Number S12 7467C	
Cover Type			
<input checked="" type="checkbox"/> Prestige	<input type="checkbox"/> Drivo Premium	<input type="checkbox"/> Comprehensive	
<input type="checkbox"/> Prestige Third Party Fire & Theft	<input type="checkbox"/> Drivo Classic	<input type="checkbox"/> Third Party Fire & Theft	
<input type="checkbox"/> Prestige Third Party	<input type="checkbox"/> Comprehensive (PWP)	<input type="checkbox"/> Third Party	
No Claim Discount (NCD) %		Excess (Subject to Prevailing GST)	
		Standard Excess \$	
		Unnamed Excess \$	
		Additional Excess \$	
		Third Party Excess \$	
NCD Protector Yes No (1 accident within the period of insurance)			
Transport Allowance Yes No (SGD50 a day up to 7 days from the first day of repair for first 2 claims within the period of insurance)			
Excess Waiver Yes No (To waive the Standard Excess of \$600 only for first 2 claims within the period of insurance)			

Accident Report to be made at any of our Income Accident Reporting Centres within 24 hours of the accident

Items to note:

- ✓ Driver of Vehicle must make report personally.
- ✓ Bring Vehicle & Vehicle Key to Reporting Centre.
- ✓ Bring Driver's NRIC, Driving Licence, Insurance Cert.
- ☐ Bring a Copy of Policyholder's NRIC (Front & Back).
- ☒ Bring Company's Stamp.
- Bring Police Report; Driver is to lodge Police Report as soon as possible or within 24 hours of the accident if the accident involves:
 - Damage to government property
 - Foreign vehicle
 - Injury cases where anyone involved in the accident was conveyed to hospital or has obtained MC for 3 days or more
 - Pedestrian / Cyclist
 - Hit-and-run
 - Fatality
- ✓ Your NCD will be affected if you fail to report the accident within the stipulated time.
- ✓ Submit video recording from your in-car camera if available.

Authorised Driver/Person's Name		For video recording up to 10MB, you may ➤ email to motorvideo@income.com.sg For video recording more than 10MB, you may ➤ submit the storage device (non-returnable) at our Income branches or Accident Reporting Centres where you file your accident report.	
NRIC/ID no.	Relationship to Policyholder		
Contact no.	Signature		
For Official Use			
Issued by	Staff Code	Date (dd/mm/yyyy)	Time

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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