

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	01/12/2018 09:53
Date Of Accident	30/11/2018 16:10
Exact Location Of Accident	KPE TWDS ECP (CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP1334R
Insured/Policyholder	
Name Of Registered Owner	KAMARUDIN BIN TAMBI
NRIC No	S1500268I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97833654
Alternative Phone No	OTHERS-97833654

Vehicle Particulars

Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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	5086391545-01
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN BIN KAMARUDIN
NRIC No	S8827244G
Date Of Birth	21/07/1988
Occupation	INDOOR
Date Of Driving Pass	14/10/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97833654
Fax Number	
Contact Number	OTHERS-97833654
Email Address	NOEMAIL

Address	BLK 888 TAMPINES STREET 81 #08-1098
Postcode	520888
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	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?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM9658D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAM WAH SENG
NRIC/Passport Number	
Contact Number	97818405 / 96170469 AH HWEE
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.

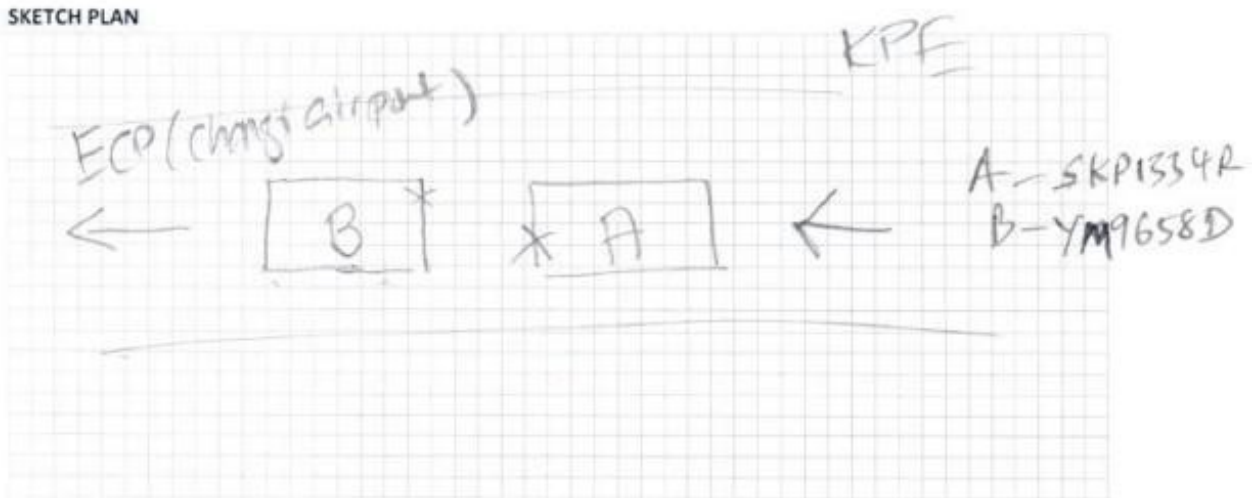
Policyholder's Signature
Date & Time:

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: BMW 520i SE P133NR
Vehicle B: SUZUKI Wagon Ym96581
30 November 2018 @ 4:10pm
KPE exit towards ECP (Changi airport) (EOB k dnr)

I was driving along KPE exiting towards ECP (Changi airport) behind a lorry (SUZUKI Ym96581). The lorry was slowing down as I saw the red lights came on I tried to press the brakes but felt the car to skid towards the lorry. I felt an impact and saw that I had a heart on collision with the back of the lorry.
My car suffered heavy damage at the front of the car, with the left headlights totally disappeared, and my front license plate gone too.

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.:

Sketch Plan #3



AUTOSWIFT RECOVERY PTE LTD

TOW JOB WORK ORDER

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

Contract :

NTUC

W/Order No. : T 156139

PART A: JOB DETAILS

Service Date: 01/12/2018 Time Received: 0802
Member / Customer's Name: MR - Rahman Time Arrived: 0833
Membership / NRIC No. Time Completed: 1000
Contact No. 97833654 Total Mileage: 32
Vehicle Registration No. SKP 1334 R Car Make / Model: BMW 5S
Breakdown Location: Fort Rd Towed Destination: Paya ubi NAC (idac)

NORMAL TOWING	ADDITIONAL SERVICES
<input type="checkbox"/> Straight Towing	<input type="checkbox"/> Multi-Storey / Basement Car Park
<input checked="" type="checkbox"/> Straight Towing with King Dolly	<input type="checkbox"/> Woodlands Checkpoint / Tuas 2nd Link
<input type="checkbox"/> Flat Bed / Car Carrier	<input checked="" type="checkbox"/> Accident Towing
<input type="checkbox"/> Flat Bed / Car Carrier with King Dolly	<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
<input type="checkbox"/>	<input type="checkbox"/>
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

61

Tow Crew ID / Signature

YNB86J

Truck No.

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.
- 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



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