

## 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	03/12/2018 19:02
Date Of Accident	30/11/2018 20:30
Exact Location Of Accident	AYE (TUAS) BEFORE CLEMENTI AVENUE 2 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC613B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHALUTIONZ TRANSPORTATION & SERVICES
Co Reg No	53233336E
Email Address	SHAHUL_969@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-83336006
Alternative Phone No	OFFICE-83336006

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGHROOF
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO PICKUP
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5074123108-03
Cover Note Number	

### Driver

Name of Driver	SHAHUL HAMEED S/O HALITHU IBRAHIM
NRIC No	S8243538G
Date Of Birth	29/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2008
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83336006
Fax Number	
Contact Number	OTHERS-83336006
Email Address	SHAHUL_969@YAHOO.COM.SG

Address	BLK 110A DEPOT ROAD #10-627
Postcode	101110
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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	SLT9371Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAI BOON LIM (LAI WENLIN)
NRIC/Passport Number	S7237370G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

## 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: 3/12/2018 1640hrs

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

## Sketch Plan #2

### SKETCH PLAN

Mr. Kwanza was before Chikani Ave 2 Exit.



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 30/11/2018, AT 2030HRS I WAS TRAVELLING ON AYE (TWS) BEFORE CLEMENTI AVENUE 2 EXIT. I WAS ON THE 2ND LANE. A CAR PLATE NUMBER 507815 WHICH WAS TRAVELLING ON THE 3RD LANE TO THE LEFT OF MY VEHICLE PC6138. HE SWERVED OFF HIS LANE TO HIT MY VEHICLE ON THE 1ST HALF (LEFT SIDE) OF MY VEHICLE. WE BOTH MOVED TO THE ROAD SHOULDER TO TAKE PHOTOS & EXCHANGE PARTICULARS. MY LEFT SIDE MIRROR WAS DAMAGED WITH DENTS & MINOR SCRATCHES TO THE LEFT SIDE OF MY VEHICLE. HIS VEHICLE ALSO HAD MINOR SCRATCHES & DENTS TO THE RIGHT SIDE OF HIS VEHICLE. HIS VEHICLE HAD A LADY PASSENGER WHO LEFT THE SCENE FROM THE ROAD SHOULDER. NO ONE WAS INJURED.

### DECLARATION

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

Policyholder's Signature  
Date & Time:

Policyholder's Signature

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 3/12/2018 1650hrs

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**



Accident Photo



Accident Photo



CHASSIS NO. : JTFST22P20-0010655

UNLADEN WT. : 2200 KG

MAX. LADEN WT. : 3200 KG

PASSENGER CAP. : 1 DRIVER 13 OTHER

TYRE SIZE : (F) 145 R 15 (R) 145 R 15