

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	11/12/2018 09:19
Date Of Accident	10/12/2018 18:30
Exact Location Of Accident	UBI AVE 1 BLK 304 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7054C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NASHRAN BIN MD MAZLAN
NRIC No	S9016330B
Email Address	NASHRAN@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-91823201
Alternative Phone No	OTHERS-91823204

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5099213069
Cover Note Number	

Driver

Name of Driver	SITI AFIAH BINTE MOHAMED NASSER
NRIC No	S9131451G
Date Of Birth	02/09/1991
Occupation	INDOOR
Date Of Driving Pass	07/06/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-91823204
Fax Number	
Contact Number	
Email Address	AFIAHMDNASSER@GMAIL.COM

Address	BLK 449 HOUGANG AVE 10 #04-497
Postcode	530449
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	
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:	CAN'T RETRIEVED
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9132M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAN CHOON CHAI
NRIC/Passport Number	S1198658G
Contact Number	93386994
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

 11/12/18
Policyholder's Signature
Date & Time:


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

 11/12/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

Driver 1

SHI AFIORU BIE
MOHAMMED NOJAF

PR1314516

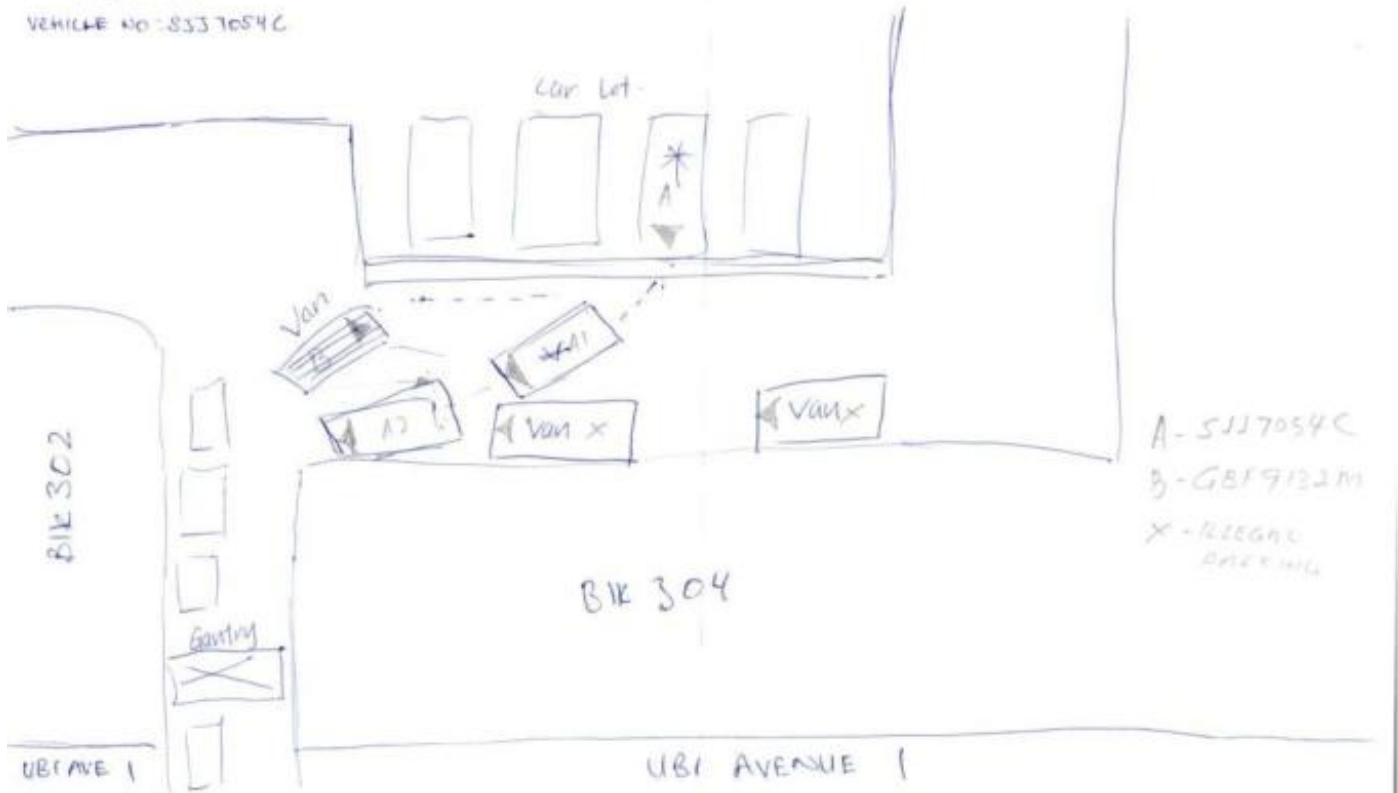
VEHICLE NO: SJJ7054C

Driver 2

GIANG HOON CHAI
811986586

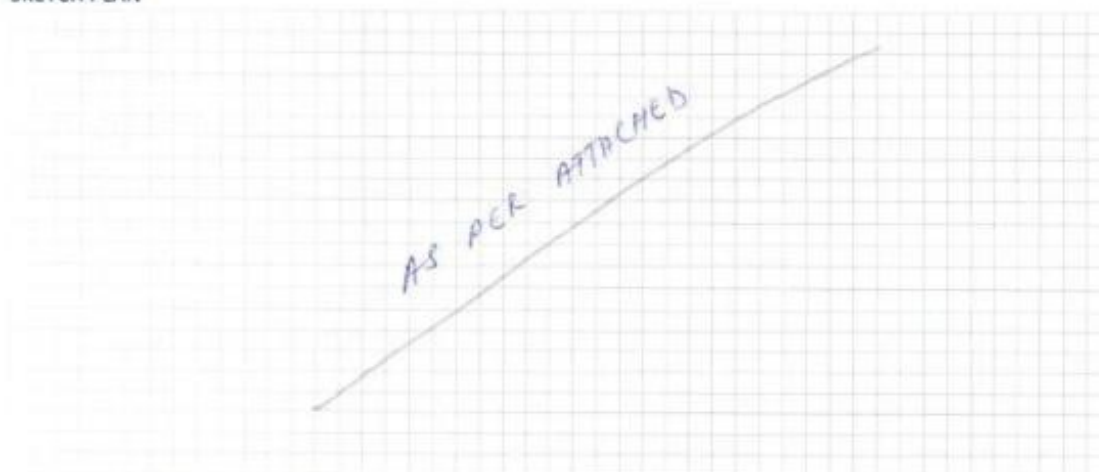
VEHICLE NUMBER: GBF9122M

TIME: 630 - 640pm



Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>At 6.30pm, I moved out from the parking lot, intending to exit the carpark.</p> <p>Then I saw the van already intending to turn into the lane, so he asked me to move forward to give way to him, I did. I tried to move to my upmost left nearing the curb but then stop because I felt that there is no room for me to move. But the van, knowing there is no space, instead of reversing to make space space for himself to turn and proceed, he just turned and went straight into the lane. I was at the same spot, stationary.</p>
<p>After which I did a turn to settle with him, had to move the car as the carpark was full with vehicles. After I parked my car behind his van, he told me to wait while he go and buy something. Minutes later he came back to his van, took a cloth and put water on the cloth, go to my car to that was already scratched and he tried to wipe the damage with the cloth & water. Told him to not touch anything, I was called my husband & told what he did (wiping the damage) and my husband talked to him and told him to not touch anything. He did admit that he was at fault as he knew there wasn't any space to turn. Owner of van also said, "you can do whatever you want, report or or settle insurance." So So we then exchanged details and my husband contacted him at night. Owner of van seem unbothered to settle on the spot.</p>

DECLARATION

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

Policyholder's Signature
 Date & Time: 11/12/18

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

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



Addendum Sheet



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 : MNA118159669 Vehicle Registration No: SJJ7054C
Name (as shown in NRIC) : SITI AFIQAH BINTE MOHAMED NASSER NRIC/FIN/Passport No : S9131451G
(*Vehicle Driver / ~~Vehicle Owner~~ (*) Please delete as appropriate
Address : BLK 449 HOUGANG AVE 10 #04-497 Singapore (530449)
Contact (Tel) : _____ Mobile No. : 91823204
Email Address : _____
Date of Accident : 10/12/2018 Time of Accident : 18:30
Place of Accident : UBI AVE 1 BLK 304 CARPARK
Insurance Company: NTUC Income Insurance Co-operative Ltd

(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:

Amend to reporting only.


Policyholder / Driver's Signature
Date: 12/12/18


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