#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	23/01/2019 11:24
	Date Of Accident	23/01/2019 08:20
	Exact Location Of Accident	PIE TOWARDS TUAS NEAR TOA PAYOH
	Country/State of Loss	SINGAPORE
	D	DETAILS OF OWN VEHICLE
V	Vehicle Registration Number	SJS8752S
	Insured/Policyholder	
	Name Of Registered Owner	MUHAMAD AZAM B ABDUL JALIL
	NRIC No	S1377994E
	Email Address	AZAMTHINK1@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-98736833
	Alternative Phone No	OFFICE-98736833
	Vehicle Particulars	
	Manufacturer	MITSUBISHI
	Model	GRANDIS 2.4L SPORTS-GEAR
	Exact Purpose for which vehicle was being used at time of accident	PERSONAL
	Are you claiming under your own insurance policy for repair to your vehicle?	NO
	If No, Please state action to be taken	THIRD PARTY
	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 5097477216

Cover Note Number

## **Driver**

Name of Driver MUHAMAD AZAM B ABDUL JALIL

 NRIC No
 \$1377994E

 Date Of Birth
 30/07/1959

 Occupation
 INDOOR

 Date Of Driving Pass
 16/06/1979

Driving Experience 39 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98736833

Fax Number

Contact Number OFFICE-98736833

EMail Address AZAMTHINK1@GMAIL.COM

Address 9B PASIR RIS DRIVE 4 #06-28

Postcode 519464

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

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**General Information of the Accident** 

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

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)

2

Passenger 1

ambulance?

NAME:

SITI HAJAR

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**

I WAS DRIVING MY VEHICLE SJS8752S ALONG PIE TOWARDS TUAS NEAR TOA PAYOH WHEN THE VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED. I FOLLOWED TO STOP MY VEHICLE. SUDDENLY I FELT AN IMPACT AT THE REAR OF MY VEHICLE. UPON ALIGHTING, I FOUND OUT THAT THE VEHICLE SDY1086S HAD COLLIDED INTO THE REAR OF MY VEHICLE AND THAT THERE WAS ANOTHER VEHICLE SKN3705B BEHIND SDY1086S ALSO INVOLVED IN THE ACCIDENT.

## 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 SDY1086S Vehicle Make/Model/Colour NISSAN

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SIM KOK HEE, GLEN

NRIC/Passport Number S9034021B Contact Number 96419887

Address BLK 723 PASIR RIS ST 72 #11-133

Postcode 510723

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SKN3705B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver NI XIANGRONG

NRIC/Passport Number S2737461A Contact Number 98523140

Address BLK 119B RIVERVALE DRIVE #11-320

Postcode 542119

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Sketch Plan Pg. 1

## 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:

- 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
- 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.
- 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: 23/1/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Cent el's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

A) SJS87525 B) SD410865 C) SKN 3705B



DESCRIBE CIRCUIVISTANCES OF THE ACCIDENT		
I was driving my vehide SJS 2523 along PIE towards		
Twas near Too Payor when the retirle in frost #		
and the such of the son and all to the total to		
my vehicle. Suddenly I felt an impact at the		
year of my vehicle. Upon alighting, I found out		
that the vehicle SDY 10865 hat collided into		
the rear of my rehibe and that there was another rehibe SKR 3705B behind SDY 1086S also		
vehide OSKR 370SB behind SDY 1086S also		
involved in the accident.		

I/We declare the foregoing particulars are true in every respecti

Policyholder's Signature
Date & Time: 23 112019

(0.50am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.: Solog