SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.
- 159 Tick Hail Motor
- 3. Information provided must be as truthful and accurate 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,	
美国基础的	ACCIDENT STATEMENT
Date Of Report	12/03/2019 09:05
Date Of Accident	11/03/2019 10:30
Exact Location Of Accident	BLK 86 REDHILL CLOSE
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL8098U
Insured/Policyholder	
Name Of Registered Owner	BHAKTI ASHOK PATEL
NRIC No	S2631191H
Email Address	SINGHGARRY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98636095
Alternative Phone No	OTHERS-98636095
Vehicle Particulars	
Manufacturer	VOLVO
Model	S60-2.0 (A)
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	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	5091813816-01
Cover Note Number	DRIVO PREMIUM
Driver	
Name of Driver	GARRY SINGH S/O JIT SINGH
NRIC No	S7518076D
Date Of Birth	15/06/1975
Occupation	INDOOR
Date Of Driving Pass	27/06/1994
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98636095
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 73 JALAN TUA KONG PARK EAST CONDO #08-05

Postcode

457266

OTHER - SON IN LAW

Was driver an employee of the Insured's Company NO

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle)

involved in the accident 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)

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

MY VEHICLE WAS PARALLEL PARKED WHEN VEHICLE B HIT INTO THE REAR PORTION OF MY VEHICLE WHILST REVERSING OUT FROM THE CARPARK LOT.

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

SJC9161A

Vehicle Make/Model/Colour

MERCEDES C180

Details Of Properties

REAR PORTION

Vehicle Category

PRIVATE CAR

Name of Driver

KHOO SIOW KIAT

NRIC/Passport Number

S7024662G

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

 Vehicle No. 56 L \$09871 Make Model Vol N. 10 560.

Report Date, 12.3-2019 Start Time: 9.14 AM

Reporting Type: P End Time:

SKETCH PLAN

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 of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- 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") maylare permitted to collect, use, displace and/or process my personal data/personal information set out in this florm] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and displace 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 socident shall be collectively referred to as the "Insurer(s)", the Insurer(s) awyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - 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 packsges); 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' lawvers/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 significantly find their tawyers/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 freud detection, investigation 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 reasonable required for the purposes stated; or

(ii) for complying with requirements under any regulations, law or court orders.

12/3/2019 9:14

Policyholder's Signature Date & Time:

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

Date & Time:

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12/3/2019 9:14

Reporting Centre Personnel's Signature Name: Eric Woo Jun Kiat NRIC/ Fin No: S992753

SKETCH PLAN			
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			4
	WEHICLE B	REVERSE	
	Tr	(A)	
		المالط	
	BLK 86 REDHILL CL	OSE CARPARK	
Vehicle A: SGL8098U	Vehicle B: SJC9161A		
ESCRIBE CIRCUMSTANCES OF TH	IE ACCIDENT		
VEHICLE WAS PARALLEL PAI VERSING OUT FROM THE CAR		INTO THE REAR PORTIO	N OF MY VEHICLE WHILST
VERSING OUT FROM THE CAR	PARK LOT.		
ECLARATION		•	
e declare the foregoing particulars are true	n every respect.		
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	1800	/	//
	1		1
12/3/2019 9:14	1	12/3/2019 9:14	green .
	Priver's Signature (If driver is not the	policyholder) Reg	t porting Centre Personnel's Signatur
ate & Time:	late & Time:	Nar	ne: Eric Woo Jun Kiat IC/ Fin No: S992753