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
08/04/2019 18:04
06/04/2019 12:50
CHARTWELL DRIVE TOWARDS BURGHLEY DRIVE
SINGAPORE
DETAILS OF OWN VEHICLE
FBM8012X
MUHAMMAD NAIF BIN NAIM
S8705842E
NCO_87@HOTMAIL.COM
(LOCAL) +65-90116929
OTHERS-90116929
YAMAHA
CZD300A / XMAX300-292CC
GOING TO WORK
NO
THIRD PARTY
MOTORCYCLE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
THIRD PARTY FIRE AND/OR THEFT
NO
5099673065-01

Name of Driver MUHAMMAD NAIF BIN NAIM

NRIC No S8705842E

Date Of Birth 15/04/1987

Occupation INDOOR

Date Of Driving Pass 30/01/2007

Driving Experience 12 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90116929

Fax Number

Contact Number OTHERS-90116929

EMail Address NCO 87@HOTMAIL.COM

Address BLK 322B ANCHORVALE DRIVE

#02-134

Postcode 542322

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

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

...

Number of vehicles (including own vehicle) involved in the accident

2

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)

NO

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 SBM633G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PHILIP POH HEO HOCK

NRIC/Passport Number

Contact Number 97889468

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:

- (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:
 - 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: 8 Apr 2019

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

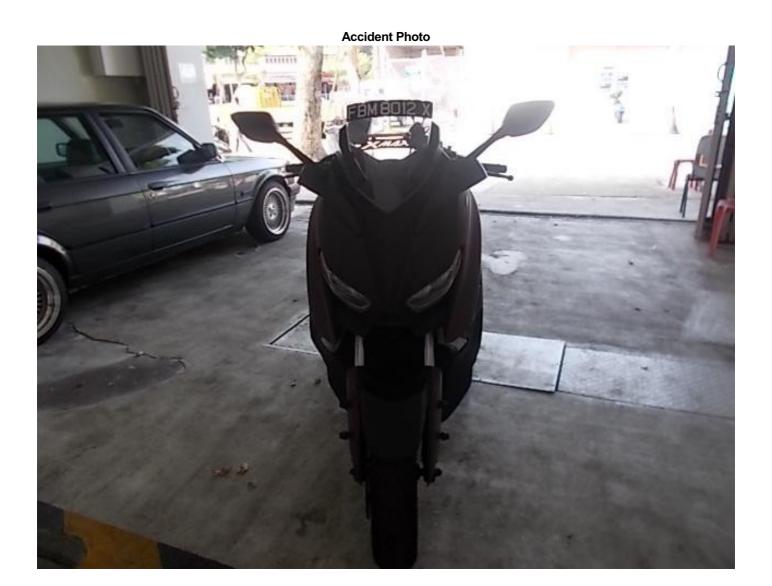
Date & Time:

sporting Centre Personnel's

NRIC/FIN No.

Accident Sketch Plan

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CHARTW	ELL Drive	3			
		Burghley			
7 9	ŏ	80	A) FBN	8017X	
+			B) SBM 633G		
9	Sland Pord		b) SBM 6559		
90	lan lan				
1.7	1 -1	4			
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT				
				toward Burghley	
When this yet no :	58m6336 01	my teft .	Suddenly torn	right Blandford	
the vehicle collid	e with pemo	motorcycle or	n the front	Side fering	
The Driver com-)			
DECLARATION				/	
	lars are true in every r	espect.	/		
I/We declare the foregoing particular					
I/We declare the foregoing particu			/	110	
I/We declare the foregoing particu			0/	(doc/2019)	
. 14			Ranchina Canara	aloy/son	
I/We declare the foregoing particular particular policyholder's Signature Date & Time: (% ppr.) 2919	Driver's Signature (If driver is not th		Reporting Centre	Personnel's Signature	

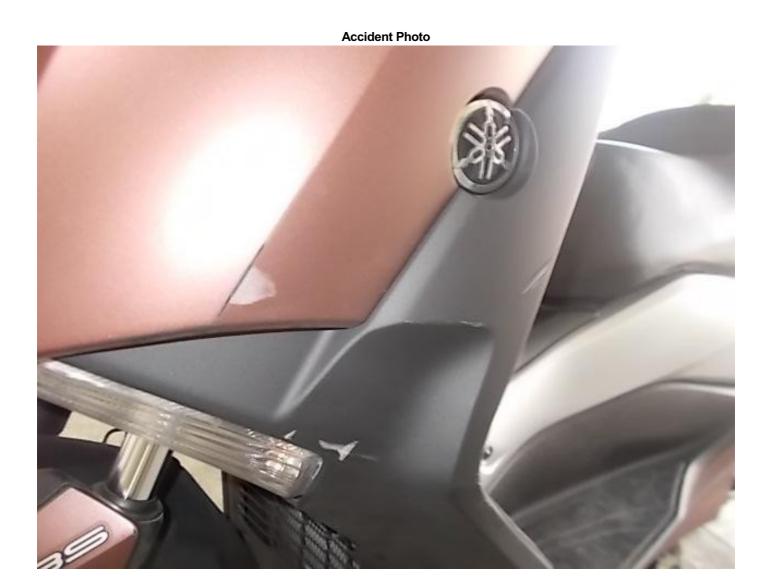


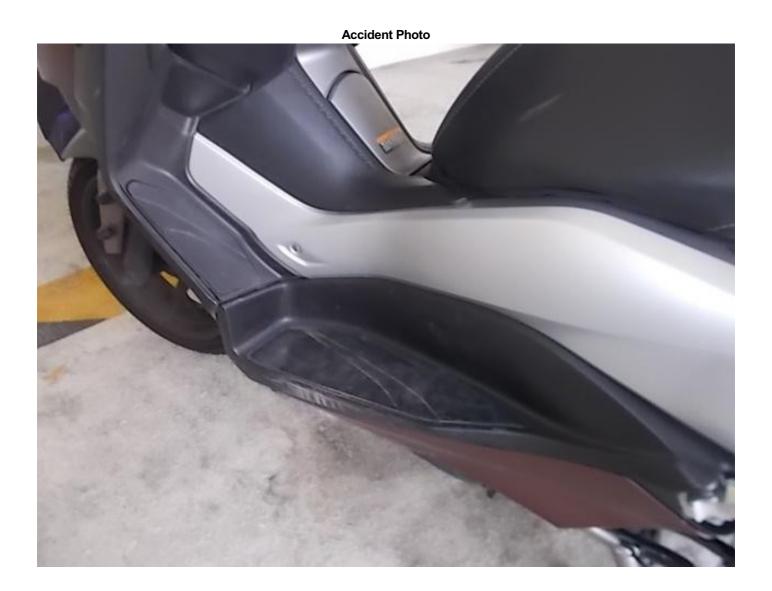




Accident Photo







Accident Photo



Accident Photo

