

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	10/05/2019 10:54
Date Of Accident	10/05/2019 08:05
Exact Location Of Accident	SLE/BKE TWDS TURF CLUB AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL5766J
Insured/Policyholder	
Name Of Registered Owner	HARDIE SHERMAN AARON
NRIC No	S9218691A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96376477
Alternative Phone No	OTHERS-96376477

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3G 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?	YES
If No, Please state action to be taken	
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	5106409728
Cover Note Number	

Driver

Name of Driver	HARDIE SHERMAN AARON
NRIC No	S9218691A
Date Of Birth	06/06/1992
Occupation	INDOOR
Date Of Driving Pass	30/07/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96376477
Fax Number	
Contact Number	OTHERS-96376477
Email Address	NOEMAIL

Address	BLK 497J TAMPINES STREET 45 #03-76
Postcode	527497
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	HIT BY FALLEN TREE / OTHER OBJECTS
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
Was there any audio recorded?	NO

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.

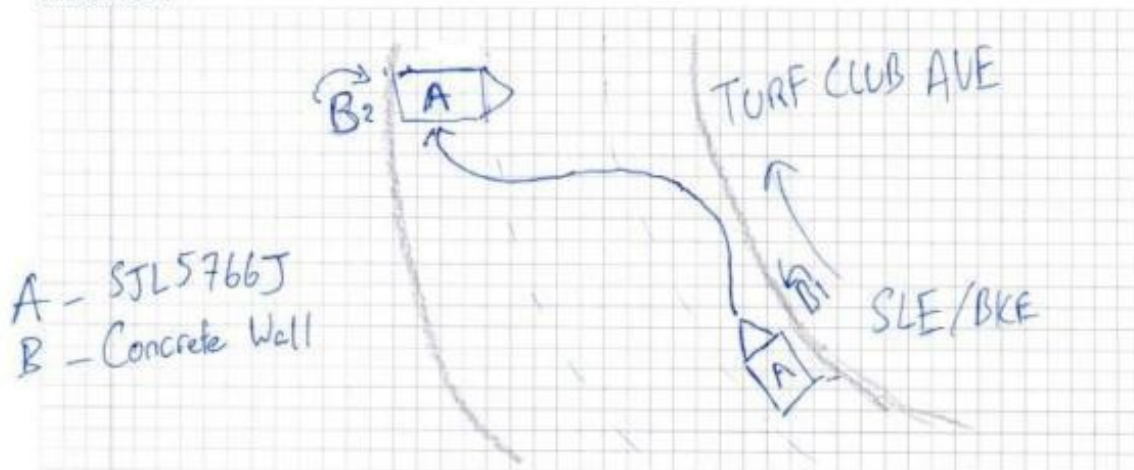
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE A LOST CONTROL, KNOCKED INTO B, AND SKIPPED TO A STOP AT B₂. & LEFT FRONT, REAR AND RIGHT, SIDE BADLY DAMAGED.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #3



AUTOSWIFT RECOVERY PTE LTD

TOW JOB WORK ORDER

GST Reg No. : 19-9806389-N
Co. Reg No. : 199806389N

Contract :

NTUC

W/Order No. : T 164168

PART A: JOB DETAILS

Service Date 10/05/2019 Time Received 0859
Member / Customer's Name HONG DA (Rider) Time Arrived 0952
Membership / NRIC No. _____ Time Completed 1100
Contact No. 91526858 Total Mileage 60
Vehicle Registration No. SIL 5766J Car Make / Model HONDA FIT
Breakdown Location Woodland 87 12 Towed Destination NAC - PAYA UBI

NORMAL TOWING <input checked="" type="checkbox"/> Straight Towing <input type="checkbox"/> Straight Towing with King Dolley <input type="checkbox"/> Flat Bed / Car Carrier <input type="checkbox"/> Flat Bed / Car Carrier with King Dolley <input type="checkbox"/> Heavy Goods Vehicle (Class 5 Towing)	ADDITIONAL SERVICES <input type="checkbox"/> Multi-Storey / Basement Car Park <input type="checkbox"/> Woodlands Checkpoint / Tuas 2nd Link <input checked="" type="checkbox"/> Accident Towing <input type="checkbox"/> Car Ditched / Winched Up / Crane Up <input type="checkbox"/> Dismantle Shaft / Release Brakes
SURCHARGES / OTHERS <input type="checkbox"/> Sunday / Public Holiday Towing (full day) <input type="checkbox"/> Midnight Towing (2400hrs to 0700hrs) <input type="checkbox"/> Call Cancelled / Car Missing <input type="checkbox"/> Standby / Waiting Time Duration : _____ <input type="checkbox"/> AA Membership Enrolment / AA Renewal	ROADSIDE SERVICES <input type="checkbox"/> Jump Start <input type="checkbox"/> Tyre Replacement <input type="checkbox"/> Patch Tyre Service <input type="checkbox"/> Repair Tyre & Returned <input type="checkbox"/> Battery Replacement Battery Receipt No: _____
REMARKS / COMMENTS BY TOW CREW <div style="display: flex; justify-content: space-between;"> <div> <u>R 70</u> Tow Crew ID / Signature </div> <div> <u>YN1885J</u> Truck No. </div> <div> _____ Operation Officer's Signature </div> </div>	
PART B: MEMBER / CUSTOMER ACKNOWLEDGEMENT 1 I authorise AutoSwift Recovery Pte Ltd to tow my vehicle to the above-mentioned workshop of my choice. 2 I have been advised to remove all valuables (handphone, laptop, parking coupons, cash cards etc) from the vehicle. 3 I understand that items left behind are at my own risk and that AutoSwift Recovery Pte Ltd will not be held responsible for any losses. 4 I accept that there may be damages to my vehicle arising from the towing operation and I will not hold AutoSwift Recovery liable for the damages. 5 Remarks : _____ <div style="display: flex; justify-content: space-between;"> <div> _____ Member / Customer Signature </div> <div> _____ Date </div> </div>	
PART C: WORKSHOP / AGENT DECLARATION 1 I hereby represent the company receiving the above mentioned vehicle. 2 AutoSwift Recovery Pte Ltd will not be held responsible for any damages or loss of valuables discovered while the vehicle is in our possession. 3 Remarks : _____ <div style="display: flex; justify-content: space-between;"> <div> Workshop's Representative Signature </div> <div> _____ Workshop's Stamp </div> <div> _____ Date </div> </div>	

CUSTOMER COPY

Swift and Safe

AutoSwift Recovery Pte Ltd

(A wholly-owned subsidiary of AA Singapore)

Head Office: 535 Kallang Bahru #02-08 GB Point Singapore 339351 Office: 6333 8811 Fax: 6733 5094
Branch Office: 10 Kallang Way Singapore 349215 24 Hours Hotline: 6844 3611 Office: 6389 4261 Fax: 6473 4996

Accident Photo



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