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# 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 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.
- Any false reporting may be referred to the Police for investigation.
- 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.	of the archiving of this report at the centre and to copies of the report being made available
manager a deat of the state of the	ACCIDENT STATEMENT
Date Of Report	27/05/2019 10:17
Date Of Accident	25/05/2019 13:10
Exact Location Of Accident	CANBERRA LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJP3822Y
Insured/Policyholder	
Name Of Registered Owner	AUTOVALE EMPIRE
Co Reg No	53360959C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91999690
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	WISH
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
	THE WASHINGTON OF CO-OF ENAMINE FID

Fleet Policy

NO Policy Number 5104355147

Cover Note Number

# Driver

Dilvei		
Name of Driver	SALLEH BIN HUSSIN	
NRIC No	S6918222D	

Date Of Birth 31/05/1969 Occupation OUTDOOR Date Of Driving Pass 19/11/2001

**Driving Experience** 17 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96609841

Fax Number Contact Number

EMail Address NOEMAIL Address

BLK 503 JELAPANG RD #05-366

Postcode

670503

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

YES

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

**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 TRAVELLING ALONG CANBERRA LINK TOWARDS SEMBAWANG MRT ON THE FIRST LANE, VEH B (BEARING NO SKM7283E) WHICH WAS INFRONT OF ME STOP, I MANAGE TO STOP BUT CANNOT STOP IN TIME. AS THE RESULT, MY VEH HIT ONTO VEH B REAR PORTION.

#### 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

SKM7283E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage No. Of Passenger (Including Driver)

#### SKETCH PLAN

# IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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. The 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 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)
  - (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.:

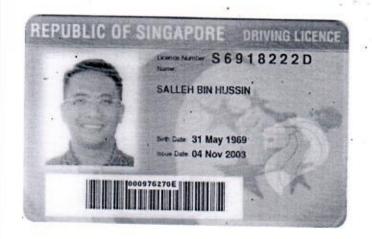
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(If driver is not the policyholder)

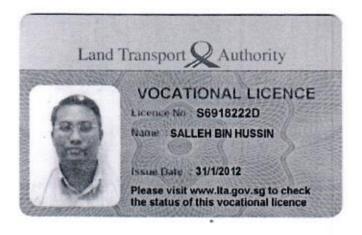
Date & Time:

Name:

NRIC/FIN No.:











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type 02 TAXI VL

Description

Issue Date

19/02/2004

**eBao**Tech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. 5104355147 Date of Accident 25/05/2019 10:15 Vehicle No.(For Motor) SJP3822Y Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Insured Commence Date Product Cover Type Expiry Date Object AUTOVALE 5104355147 53360959C Third Party SJP3822Y SJP3822Y EMPIRE 10/10/2018 09/10/2019 Continue

#### 5/27/2019 Claim Handling(accident reporting Claim Task ) Claim Handling Accident MT/1046325 Policy No. 5104355147 Vehicle No. SJP38ZZY GST Registration No. Certificate No. Policyholder Name AUTOVALE EMPIRE Policyholder NRIC 533601 Product Code PRIVATE CAR INSURANCE Cover Type Third Party Loading 0 Contact No.(Mobile) 91999690 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No T . No Yes TCA No Yes eCode Reason NCD Protection No NCD Entitlement(%) 0 Private Hire Accident Details Report Date 27/05/2019 19:45 Accident Report Within 24 hrs Yes Accident Type Collisio Date of Accident 25/05/2019 Time of Accident hh:mm 13:10 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location CANBERRA LINK W Excess Own damage Excess 0.00 Additional Excess 0 Windscreen Excess 0.00 Unnamed Driver Excess Outside Singapore OD Excess 0.00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1,500.00 **▽** Benefits GST Registered Information **GST Registered** No GST Registration Date GST Registration No. **GST Status Verified** Modification History Policyholder Mailing Address 18 BOON LAY WAY Address 2 #10-165 TRADEHUB 21 Address 3 SINGA Address 4 Address Type Singapore address Post Code 609966 Unit No. 04-6587 Related Policy Number 5108152964 ▼ OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name SALLEH BIN HUSSIN Driver NRIC 56918222D Driver DOB 31/05/ Register Date of Driver License 19/11/2001 Driver Age Driving Experience 17 Contact No.(Mobile) 96609841 Contact No.(Office) Contact No.(Home) Address 1 BLK 503 #05-366 JELAPANG ROAD Address 3 SINGA Address 4 Address Type Singapore address Post Code 670500 Unit No. 05-366 Does he own a Singapore Registered car? Yes a No Driver Vehicle No. Driver Insurer Company Declaration Breathelyser or Blood Test Reading? 0 mg Any injury? Yes . No Modification History Claim 001 New Claim Type + OD-MX Insured Name AUTOVALE EMPIRE Contact No.(Mobile) Contact Email Address Ot Vehicle Numbe SJP3822Y Claim Description SJP3822Y / SKM7283E ON 25 May 2019 Preferred Workshop Bounct No. Finalisation Yes Preference Liability Fully at Fault ▼ Repair Option GIA Preferred Workshop, Name unknown report Received Claim Close Date Date Registered 27/05/2019 19:48

LIEW SHAN HUI

Save Submit

001

Claim No.

MT/1046325

Report Taken By

Print AK letter

Attachment

Accident No.

Last Doc. Received

● Yes ○ No

Path \*

Upload Date

27/05/2019 19:49

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