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.
- 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

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	ACCIDENT STATEMENT
Date Of Report	04/06/2019 18:36
Date Of Accident	03/06/2019 18:45
Exact Location Of Accident	JUNC SEMBAWANG DR & ADMIRALTY DR
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ6113K
Insured/Policyholder	
Name Of Registered Owner	ZAHARI BIN TOSIRMIA
NRIC No	S7139095J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91277463
Alternative Phone No	OFFICE-91277463
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 M
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	5107727716
Cover Note Number	
Driver	

Name of Driver ZAHARI BIN TOSIRMIA

NRIC No S7139095J Date Of Birth 28/10/1971 Occupation **INDOOR Date Of Driving Pass** 18/12/1996

Driving Experience 22 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91277463

Fax Number

Contact Number OFFICE-91277463

EMail Address NOEMAIL Address BLK 304 BUKIT BATOK STREET 31

#05-61

Postcode 650304

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

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Insurance Company of Driver's Own Vehicle

-

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NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 4

Passenger 1 NAME: : -

GENDER: : MALE

Passenger 2 NAME: : -

GENDER: : FEMALE

Passenger 3 NAME: : -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJP1317C

Vehicle Make/Model/Colour MITSUBISHI LANCER EX

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HILMY CASSIM MOHAMED HIRAZ

NRIC/Passport Number S9179653H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- S. Consent under the Personal Data Protection Act (PDPA)
 - funderstand, acknowledge, agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapora ("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 Monotary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - (f) 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 actident and/or my claims;
 - (RI) 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 disclosura of certain personal data about me to bring about delivery of the same as wall as on the external cover of envelopes/mail sackagesh and/or
 - (v) complying with applicable faw 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' iswyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
 - my Personal Information may/can be disclosed by any of the losurers and for GIA to their third party socylog providers or agents (including their lawyery/taw firms), which may be sited outside of Singaporo, for one or more of the above Purposes.
 - my Periopal Information will also be collected and used to compile claims history for the purpose of fraud distoction, Investigation and management in present and all future daims.
 - (a) the information so collected under (6) above may be shared / disclosed:
 - (ii) 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.

Policyholeery Signature

Date & Time:

Orlver's/Signature (If driver is not the policyholder)

Date/S Time:

Reporting Centre Person el's Signatura

NEICHIN No.1

Accident Sketch Plan

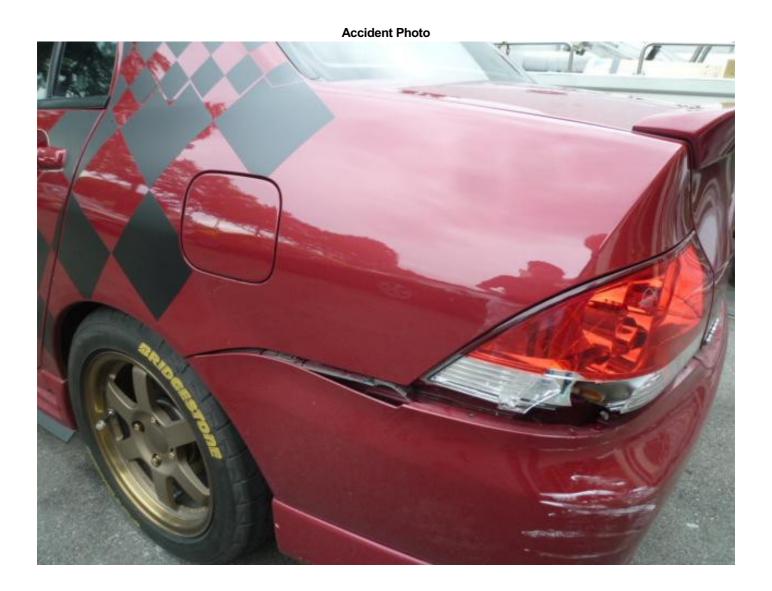
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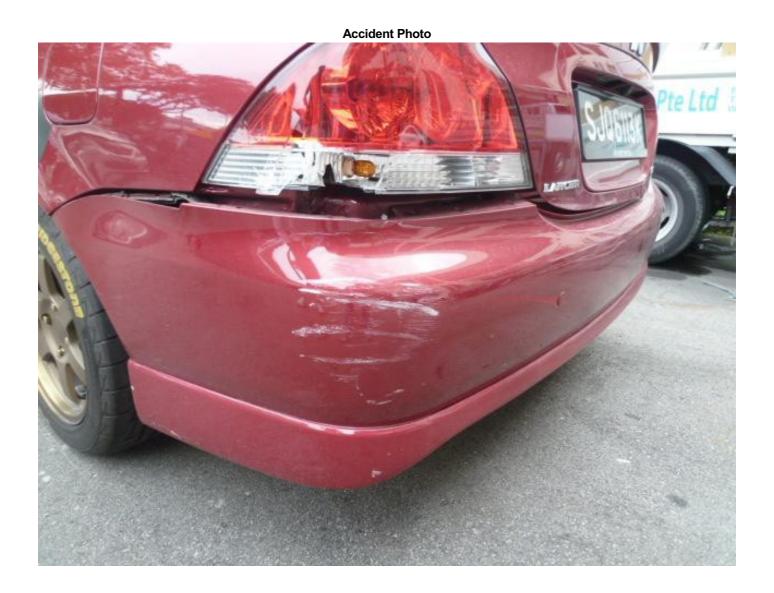
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Accident Photo









Accident Photo



Accident Photo

