

## 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	07/06/2019 11:07
Date Of Accident	07/06/2019 07:30
Exact Location Of Accident	PIONEER ROAD ROUNDABOUT TOWARDS JLN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ8899J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EDWARD C. DOUGLAS PTE. LTD
Co Reg No	200700453W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87000088

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID 1.5 AUTO
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100655182
Cover Note Number	

### Driver

Name of Driver	ROZALI BIN MOHAMED NOOR
NRIC No	S1399796I
Date Of Birth	16/12/1959
Occupation	INDOOR
Date Of Driving Pass	22/05/1998
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81393113
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 906 JURONG WEST STREET 91 #04-177
Postcode	640906
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 - CHANGE/CROSS LANE
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

#### 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

-

#### 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	GX6043C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AROCKIAM VINCENT
NRIC/Passport Number	G7137386Q
Contact Number	81528577
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**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.

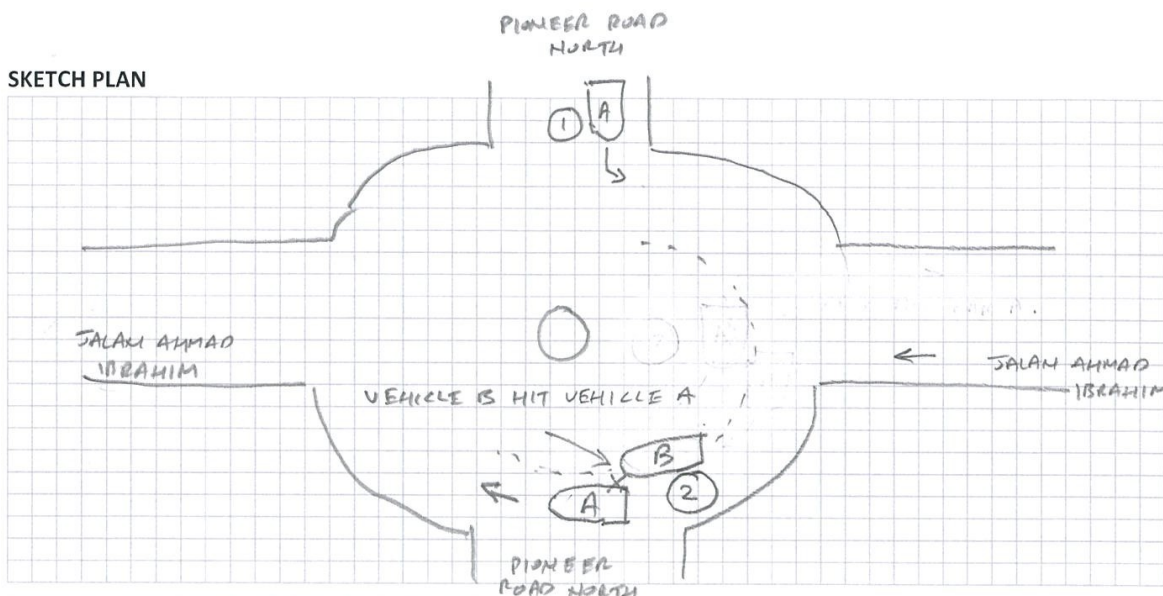
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan Pg. 2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: <b>SDR 88995</b>	ACCIDENT DATE & TIME: <b>7 JUNE 2019, 7:30 AM</b>
CONTACT NUMBER: <b>87000088</b>	E-MAIL ADDRESS:
LOCATION: <b>ROUNDABOUT, JALAN AHMAD IBRAHIM TOWARDS TUAS</b>	
<p>AT ABOUT 7:30AM ON 7 JUNE 2019, I WAS TRAVELLING ALONG PIONEER ROAD NORTH (position 1) INTO the roundabout at Jalan Ahmad Ibrahim. As I was travelling on the left lane. Halfway into the roundabout at position 2, I was hit by a pick up vehicle on my rear right side. The pick up was travelling along the inner lane and attempting to exit the roundabout at position 2.</p> <p>I was travelling within the speed limit, it was not raining but the road was wet.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

### 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:

*Rozali*  
07/08/2019

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

*[Signature]*




Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S13997961**  
Name: **ROZALI BIN MOHAMED NOOR**

Birth Date: **16 Dec 1959**  
Issue Date: **17 May 2003**

000488205C



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S13997961**



Name  
**ROZALI BIN MOHAMED NOOR**


Race  
**MALAY**

Date of birth  
**16-12-1959**

Sex  
**M**

Country/Place of birth  
**SINGAPORE**

S13997961




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Vehicle Class	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	22 May 1998

NP 428A

Licence No: **S13997961**



NRIC No. **S13997961**



Date of issue  
**25-03-2015**

Address  
**APT BLK 906 JURONG WEST STREET 91  
#04-177  
SINGAPORE 640906**

Accident Photo



Accident Photo

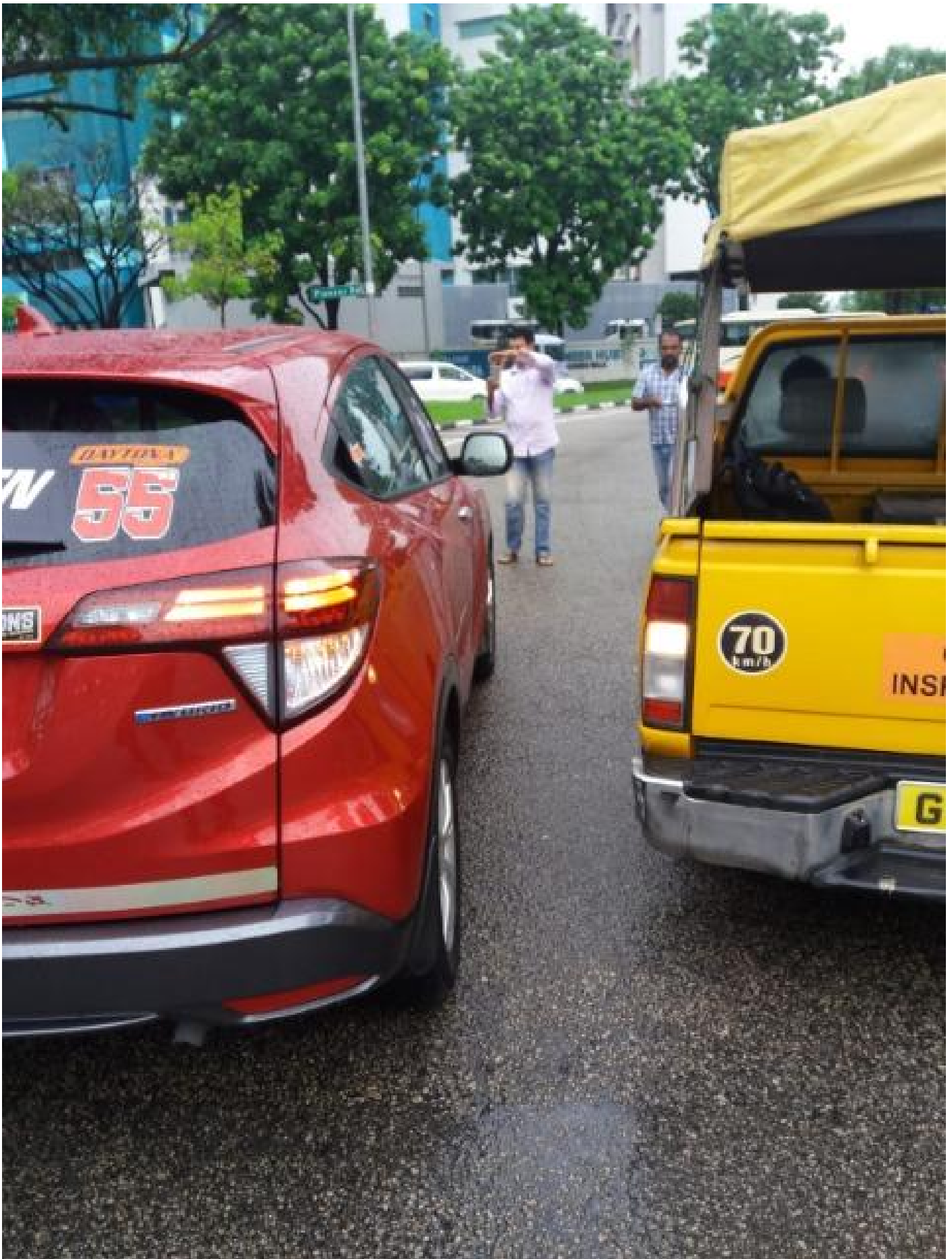




Accident Photo



Accident Photo



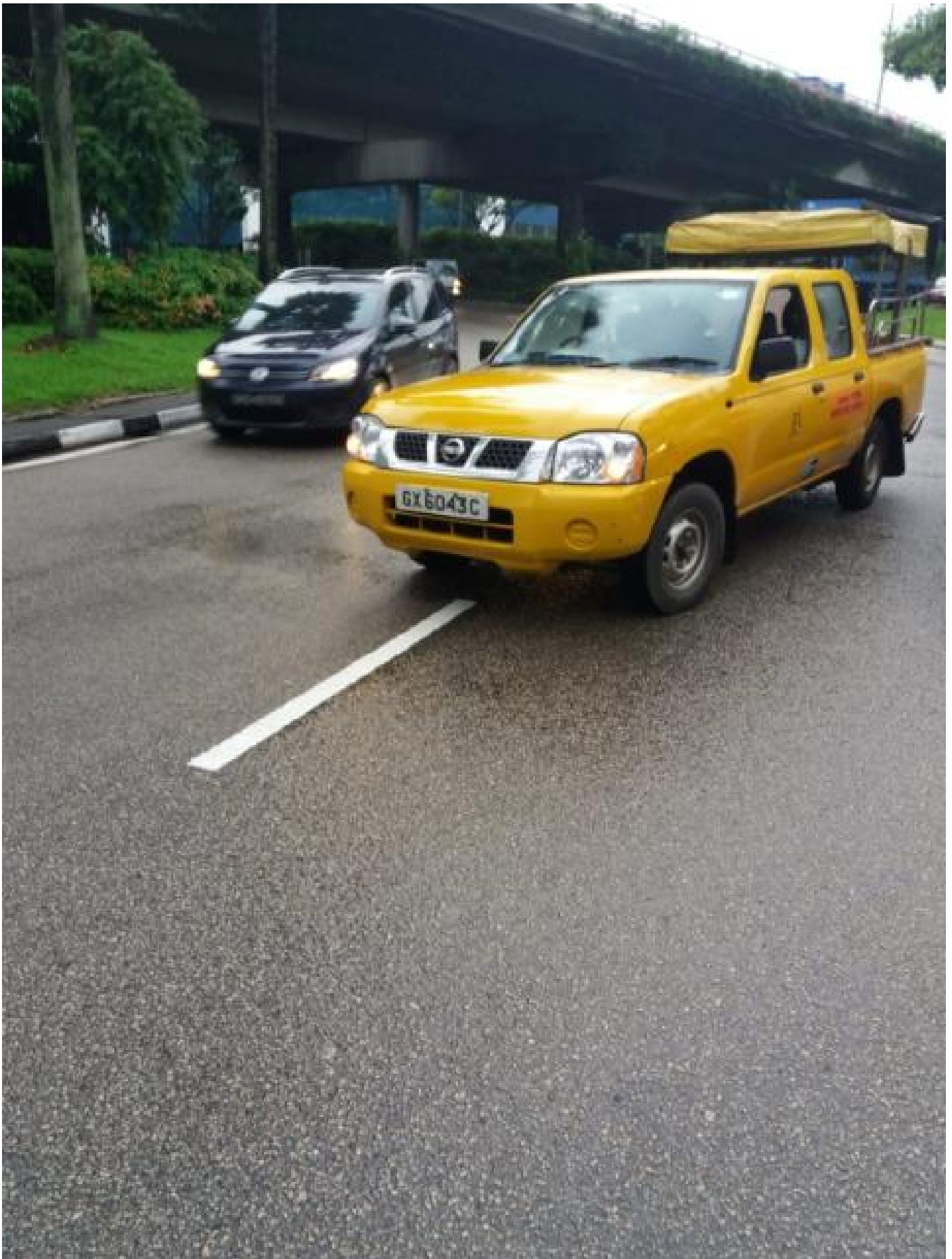
Accident Photo



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