### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	28/06/2019 11:35
Date Of Accident	28/06/2019 07:10
Exact Location Of Accident	BKE TWDS KJE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ2323Y
Insured/Policyholder	
Name Of Registered Owner	AMIN BIN HARON
NRIC No	S1628302I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90232323
Alternative Phone No	OFFICE-90232323
Vehicle Particulars	
Manufacturer	BMW
Model	520I 2.0L AT D/AB 2WD 4DR GAS/D NAV
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	5106206503
Cover Note Number	
Dulivan	

Driver

Name of Driver AMIN BIN HARON

 NRIC No
 \$1628302I

 Date Of Birth
 20/01/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 28/10/1986

Driving Experience 32 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90232323

Fax Number

Contact Number OFFICE-90232323

EMail Address NOEMAIL

Address BLK 186 PUNGGOL CENTRAL

#02-259

Postcode 820186

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 CHAIN COLLISION

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

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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**

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS FRONT VEHICLE WAS STATIONARY STOPPED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE 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 SJW2194X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver LIM JIA HUI, BARRY (LIN JIAHUI)

1

NRIC/Passport Number S9112105J

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number SJX221J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver **TOH WILSON** NRIC/Passport Number S8200216B

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

3

Passenger 2 NAME:

GENDER:

# **DETAILS OF INJURED PERSON 1**

AMIN BIN HARON Name

Approximate Age

**BODY** Injuries Sustain Injured person in which vehicle? **SJQ2323Y** 

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode YES

NO

### Accident Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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 Person

NRIC/FIN No.:

# **Accident Sketch Plan**

SKETCH PLAN	1			
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ESCRIBE CIR	CUMSTANCES	OF THE ACCIDENT		
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	Alt			
P. C. L. P.				
We declare the		ulars are true in every respect.		
The Street His	sareguing partic	unas are true in every respect.		
1/2				
olicyholder's Sg	pnaturé .	Driver's Signature		Reporting Centre Pessonnel's Signature
ate & Time:	1.	(If driver is not the policyho Date & Time:	ider)	Name: V NRIC/FIN No.:





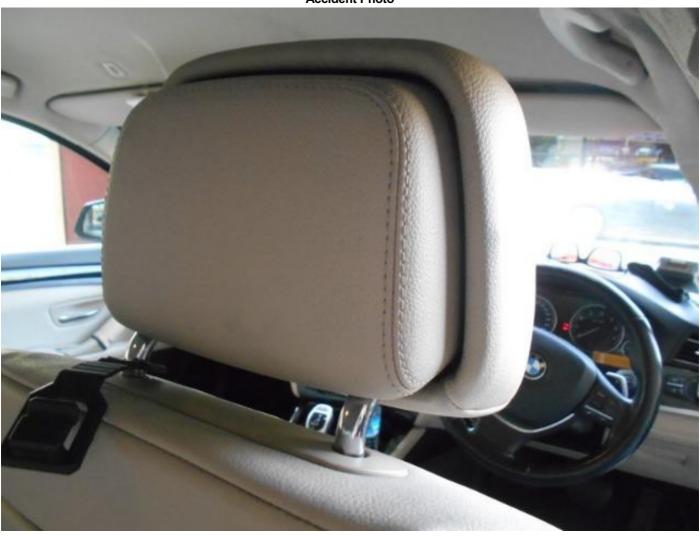


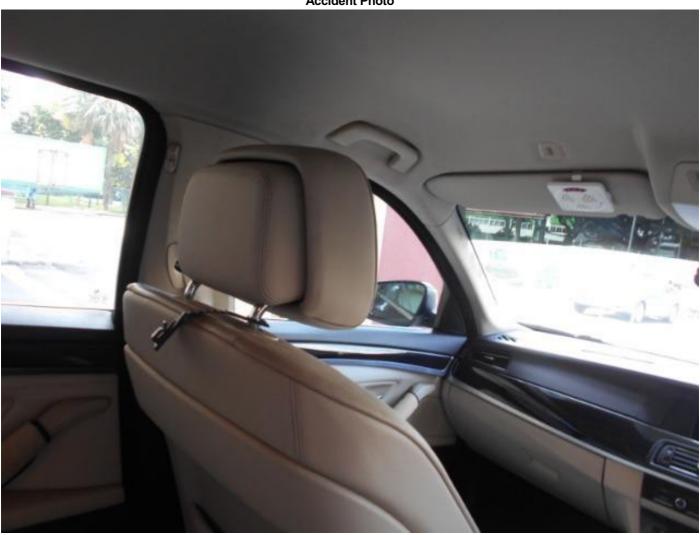












# Made in Germany 520i B90 WBAXG12050DV99240 2220 kg 4310 kg 1- 1070 kg 2- 1280 kg



### **Addendum Sheet**



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Tei (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENDL	M				
(A)	PARTICULARS OF PE	RSONMAKINGTHEAMENDMENTS	:				
	Original Report No: MNA119084053		_Vehicle Registration No:	_Vehicle Registration No: SJQ2323Y			
	Name(as shown in NRIC)	AMIN BIN HARON	_NRIC/FIN/Passport No :	S1628302I			
	(*Vehicle Brivery Vehicle Owner) (*) Please delete as appropriate						
	Address	BLK 186 PUNGGOL CENTRAL	#02-259	Singapore(820186 )			
	Contact (Tel)		Mobile No.: 90232323				
	Email Address						
	Date of Accident	28/06/2019	_Time of Accident : 07:1	10			
	Place of Accident	BKE TWDS KJE					
	Insurance Company: NTUC Income Insurance Co-operative Ltd						
(B)		MATION / AMENDMENTS:					
	Add in vehicle C						
		,	1-	Na			
	Policyholder / Driver' Date:	s Signature	Reporting Centre Pers Name: NRIC/FINNo.: Date:	connel's Signature			