

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	12/07/2019 13:21
Date Of Accident	11/07/2019 21:45
Exact Location Of Accident	11 EUNOS ROAD 8 INFRONT OF LIFELONG LEARNING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ7290D
Insured/Policyholder	
Name Of Registered Owner	ROSLI BIN IBRAHIM
NRIC No	S1353929D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98512996
Alternative Phone No	OTHERS-98512996

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY HYBRID 2.5 ASCENT
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	5110723026
Cover Note Number	

Driver

Name of Driver	SYARIFUDDIN AZHAR BIN ROSLI
NRIC No	S9614307I
Date Of Birth	21/04/1996
Occupation	INDOOR
Date Of Driving Pass	26/03/2019
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87509902
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 240 COMPASSVALE WALK #04-578
Postcode	540240
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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?	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: : ROSLI BIN IBRAHIM 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

REFER TO BELOW STATEMENT/SKETCH PLAN ATTACHED:

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	SJA5779E
Vehicle Make/Model/Colour	TOYOTA / PICNIC AUTO W/O ROOF RACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHOW KEONG
NRIC/Passport Number	S1729993Z
Contact Number	
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:

12/7/19
@ 11:00am

GIA/BMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/7/19

@ 11:00am

IDAC KAKI BUKIT(VAC)

23 KAKI BUKIT AVE 4

Reporting Centre Personnel's Signature

Name: Singapore 415933

NRIC/FIN No.: Tel: 67416697

Fax: 67492305

Email: vackb@singnet.com.sg

②. SJA 5779E

$$|B\rangle |A\rangle$$

Driving along Paya Lebar Road stop at the traffic light suddenly I felt an impact a car behind JASTIGE hit me from behind.

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

@ 11:50 am

⑨ 11:00 am

Email: vackb@singnet.com.sg

Date of Accident : 11/7/19 Accident Time: 9.45pm (24-HR-Format)
Accident Place : 11 Eunos Road 8, Lifelong Learning Institute
Vehicle No. (Car Plate No.) : Q27290D Make/Model: Toyota Camry
Insurance Company : NTUC Income Policy No: 5110723026
Owner or Company Name /IC No. : S1353929D / Rusli Bin Ibrahim
Owner or Company Contact No. : Owner's Hp 98512996 Company Tel
DRIVER'S Name / IC No. : Syarifuddin Azhar Bin Rosli / S9614307I
DRIVER'S Date Of Birth : 21/4/1996 DRIVER'S License Pass Date 26/3/2019
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address : Blk 240 Compassvale Walk #04-578
DRIVER'S Contact No./ Alt No. : 1) 87509902 2)
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address :
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Driver): 2 Rosli Bin Ibrahim (M)
Was there any video Captured by car camera: YES \ NO
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
Any Injury (If YES, Pls state): yes

Other Party Driver's Particular (if any)

Vehicle No: SJA 5779E	Vehicle No: _____
Vehicle Make/Model: Toyota Picnic	Vehicle Make/Model: _____
Name Driver: Ong chow keong	Name Driver: _____
IC No. Driver/Contact: S1729993Z	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

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 - (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")
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- (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.
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Policyholder's Signature

Date & Time:

12/7/19
@ 11:00am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/7/19

@ 11:00am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

1A) - 8LZT590D

1B) - 8JA 5779E

1B) 1A)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along Paya Lebar Road stop at the
traffic light suddenly I felt an impact a
car behind 8JA 5779E hit me from behind.

DECLARATION

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

Policyholder's Signature

Date & Time:

12/7/19
@ 11:00am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12/7/19

@ 11:00am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: