SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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	16/07/2019 10:31
Date Of Accident	15/07/2019 22:25
Exact Location Of Accident	LOR 6 TOA PAYOH ENTER PIE(CHANGI) TWDS AMK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDU1283K
Insured/Policyholder	
Name Of Registered Owner	ZAINURIBAH BINTE ABDUL MOIS
NRIC No	S1583552D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91179774
Alternative Phone No	OFFICE-91179774
Vehicle Particulars	
Manufacturer	BMW
Model	318I
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5108504360
Cover Note Number	-
Driver	
Name of Driver	AMALI AKMAL BIN ZAINAL
NRIC No	S8606961Z
Date Of Birth	08/03/1986
Occupation	OUTDOOR
Date Of Driving Pass	18/10/2004
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86144107
Fax Number	

NOEMAIL

BLK 132 PASIR RIS ST 11 #02-277 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

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

Number of Passengers (Including Driver)

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NO 2

> NAME: : VELU

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

I WAS DRIVING ALONG LOR 6 TOA PAYOH ENTERING TO PIE (CHANGI) AT THE SLIP RD, AFTER EXIT FROM THE SLIP RD, VEH B COME FROM BEHIND TRY TO SQUEEZE THRU MY VEH FROM THE RIGHT, BUT I NEVER FELT ANY COLLISION, THEN WE STOP AT THE ROAD SHOULDER INFRONT AND MAKE A CHECK ON OUT BOTH VEH, VEH B DRIVER MENTIONED TO ME NOTHING DAMAGE ON HIS VEH AND GO OFF. THIS MORNING THE DRIVER TEXTED ME THAT THERE WERE DAMAGES FOUND ON HIS VEH.

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 SJR6183C

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)

Accident Sketch Plan

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:
 - 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:
 - 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.:

Accident Sketch Plan

KETCH PLAN			
PIE changi			
(B)		A =	SDU 1283 K.
	Lor 6 Toa Payon		
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
1/24			
please	prefer to Statemen	4	
	- v		
CLARATION			
We declare the foregoing partic	alars are true in every respect.	In	
icyholder's Signature te & Time:	Driver's Signature Reportin (If driver is not the policyholder) Name: Date & Time: NRIC/FIN		sonnel's Signature



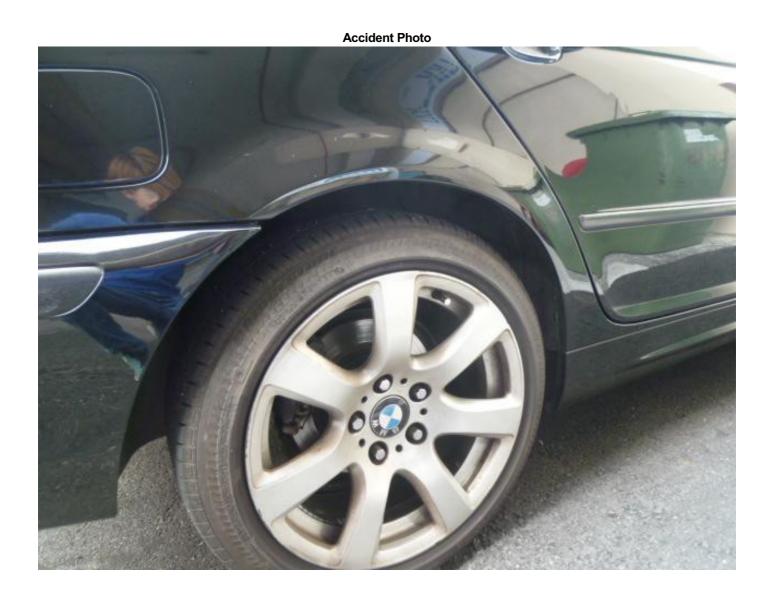


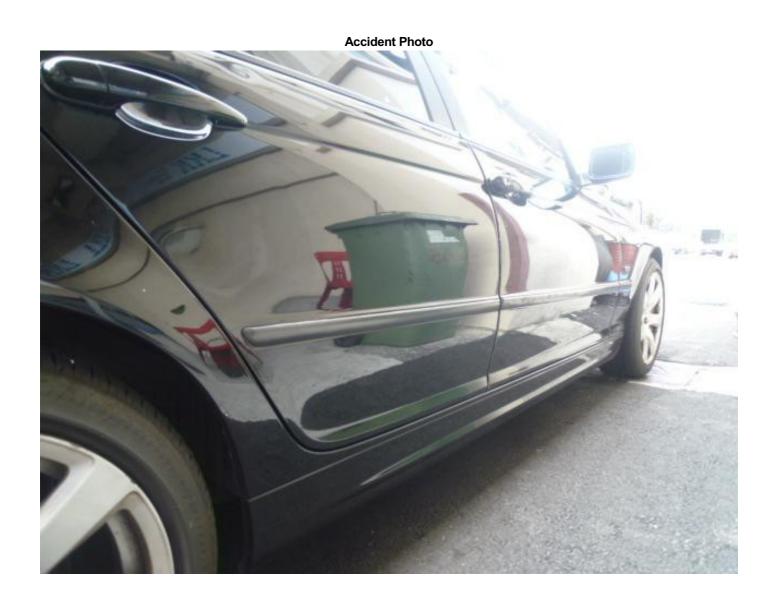








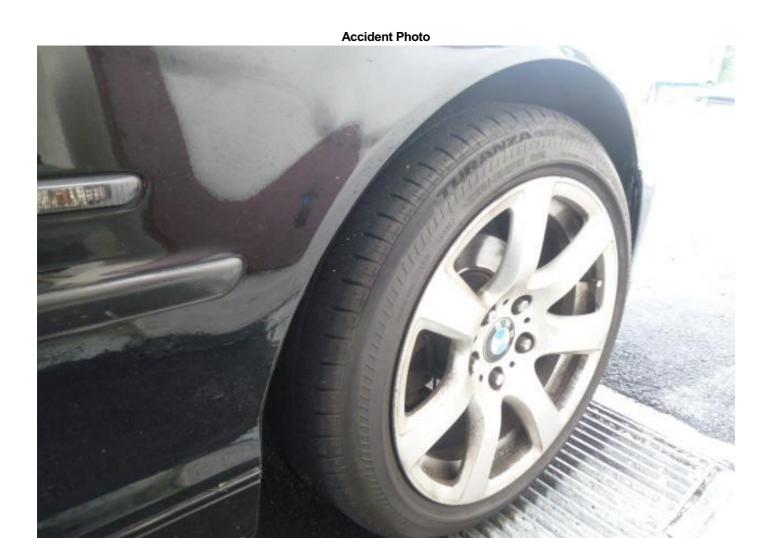




















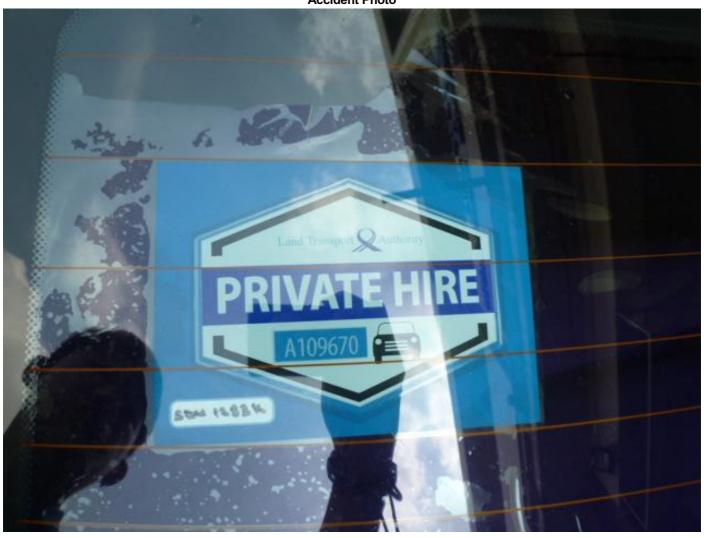




















Accident Photo Ringtone last seen recently July 16 For now we settle among ourselves ok? Cause scratch quite small, I see the bill le then I let you know again? nian zhi 09:46 My servicing on 27 July, I let you know again if any changes, like earlier go repair or whatsoever edited 09:46 Ok 09:46 V/ But i suggest u claim insurance 09/47 J If really need be 09:47 VI Amali Akmal If really need be Ok I see again 09:47 Message