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.	d.		
		ACCIDENT STATEMENT		
	Date Of Report	30/07/2019 17:49		
	Date Of Accident	30/07/2019 16:45		
	Exact Location Of Accident	TANJONG KATONG RD SOUTH TWDS ECP		
	Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE			
	Vehicle Registration Number	SML3343Z		
	Insured/Policyholder			
	Name Of Registered Owner	SUPER STAR LIMO & CAR RENTAL		
	Co Reg No	53359119L		
	Email Address	NOEMAIL		
	Mobile Phone No	(LOCAL) +65-96233308		
	Alternative Phone No	OFFICE-96233308		
	Vehicle Particulars			
	Manufacturer	TOYOTA		
	Model	NOAH HYBRID 7-SEATER 1.8 X CVT		
	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	THIRD PARTY		
	Vehicle Category	PRIVATE HIRE		
	Insurance Company			
	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
	Type Of Coverage	COMPREHENSIVE		
	Fleet Policy	YES		
	Policy Number	5108614334		
	Cover Note Number			
	Driver			
	Name of Driver	LIM JOSEPH		
	NPIC No	\$8600727C		

Name of Driver

NRIC No

S8609727C

Date Of Birth

21/03/1986

Occupation

OUTDOOR

Date Of Driving Pass

27/11/2014

Driving Experience 4 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92280569

Fax Number

Contact Number OFFICE-92280569

EMail Address NOEMAIL

Address BLK 223 SERANGOON NORTH AVENUE 4

#09-181

Postcode 550223

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 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? YES

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.

a Driver

Number of Passengers (Including Driver)

2

NO

Passenger 1

NAME: : SHIVA

: MALE

Details of Police Action

Was the accident reported to the police?

NO

GENDER:

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, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG LANE 1 CUT ONTO MY LANE. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number WC1977L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KANDASAMY KAVIARASAN

NRIC/Passport Number G2567102W

Contact Number

Address Postcode

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Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

LIM JOSEPH

Approximate Age

Name

Injuries Sustain **NECK & BACK**

SML3343Z Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

1

Address Postcode

DETAILS OF INJURED PERSON 2

Name SHIVA

Approximate Age

Injuries Sustain **NECK & BACK** SML3343Z Injured person in which vehicle? Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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- 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) 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,

SUPER STAR LIMO & CAR RENTAL Reg. No.: 53359119L

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

SKETCH PLAN		
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	and the second state of th	
We declare the foregoing	ENTAL NAME OF THE PROPERTY RESPECT	1/10
We declare the foregoing p	ENTAL WAS are true in every respect	VA
Reg. No.: 53359119L	ENTAL GUID	Jha.
We declare the foregoing p	Driver's Signature (If driver is not the polici	Reporting Centre Personnel's Signature (syholder)



























