

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	02/08/2019 10:17
Date Of Accident	01/08/2019 14:20
Exact Location Of Accident	ANSON RD OPPOSITE INTERNATIONAL PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL2274G
Insured/Policyholder	
Name Of Registered Owner	EVE TRANSPORT
Co Reg No	53361256W
Email Address	MAX9452002@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90607158

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	5091384730-02
Cover Note Number	

Driver

Name of Driver	ADAM BIN ABDUL RAHIM
NRIC No	S1250664C
Date Of Birth	27/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	07/07/1980
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90607158
Fax Number	
Contact Number	
Email Address	MAX9452002@GMAIL.COM

Address	BLK 520 WOODLANDS DRIVE 14 #02-301
Postcode	730520
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	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?	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: : UNKNOWN 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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC663R
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW CHI KEUNG
NRIC/Passport Number	S2616966F
Contact Number	91060910
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 regulate 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. 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) 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.

EVE Transport

Policyholder's Signature

Date & Time:

1853 hrs.

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

A - 5JL2274G
B - SKC663R

ANSON RD

CHONG GUAN ST

BUS LANE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the attached statement.

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

* **EVE Transport** *Adan Rahim* *1/8/2019*

Policyholder's Signature
Date & Time: *1853 Hrs*

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

lym *02/08/19*

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

Accident Sketch Plan

8/1/2019

Singapore - Google Maps

Google Maps Singapore



Image capture: Nov 2018 © 2019 Google

Google

Street View - Nov 2018



https://www.google.com.sg/maps/@1.27628,103.8468502,3a,75y,47.89h,75.87t/data=!3m6!1e1!3m4!1sEA__UEOajPCR0linoTS4sw!2e0!7i16384!8i8... 1/1

Individual Statement

MY VEH WAS STATIONARY ALONG ANSON RD ON THE 2ND LANE OF A4-LANES RD DUE TO THE RED TRAFFIC LIGHT AHEAD. WHEN THE TRAFFIC LIGHT CHANGE GREEN WHEN I STARTED TO MOVE OFF, SUDDENLY VEH(B) BEARING REG NO SKC663R CAME OUT FROM CHOON GUAN STREET CUT ACROSS THE DOUBLE WHITE LINE AND I CAN'T REACT ON TIME AND HIT ONTO THE FRT RIGHT PORTION OF VEH B. VEH B FAILED TO STOP AND GIVEWAY FOR VEH FROM THE RIGHT. THERE WAS A PASSENGER IN MY VEH AND HE NOT INJURED. MY PASSENGER WAS NOT HAPPY FOR THE DRIVER OF VEH B COZ HE DASH OUT HIS VEH AND COLLIDED. MY PASSENGER WAS DELAY FOR HIS MEETING. THE VEH B DRIVER PERSISTENTLY STILL GOING ACROSS AS IN THE PICTURES.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

