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	05/08/2019 15:52
Date Of Accident	02/08/2019 15:25
Exact Location Of Accident	ALONG BUKIT PANJANG ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM6135T
Insured/Policyholder	
Name Of Registered Owner	TODDS PARTNERS PTE. LTD.
Co Reg No	201533177E
Email Address	N.FAREEZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93824426
Alternative Phone No	OFFICE-93824426
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100477884-01
Cover Note Number	
Driver	

Name of Driver NORFAREEZ BIN NORHANGINI

NRIC No S9204520Z
Date Of Birth 12/02/1992
Occupation OUTDOOR
Date Of Driving Pass 17/09/2014

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93824426

Fax Number

Contact Number OTHERS-93824426

EMail Address N.FAREEZ@HOTMAIL.COM

BLK 223 PENDING ROAD Address

#02-109

Postcode 670223

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

COLLISION - HEAD TO REAR Type Of Accident

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1 NAME: : PASSENGER

> GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name **BUKIT PANJANG**

Police Station Address ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

TEL NO: 1800-8929999 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

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 SGW7431P NISSAN Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver **TOH LIAN QUEE** NRIC/Passport Number S1273797A **Contact Number** 97325112

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name NORFAREEZ BIN NORHANGINI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SJM6135T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode

YES NO

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 Monatary 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:

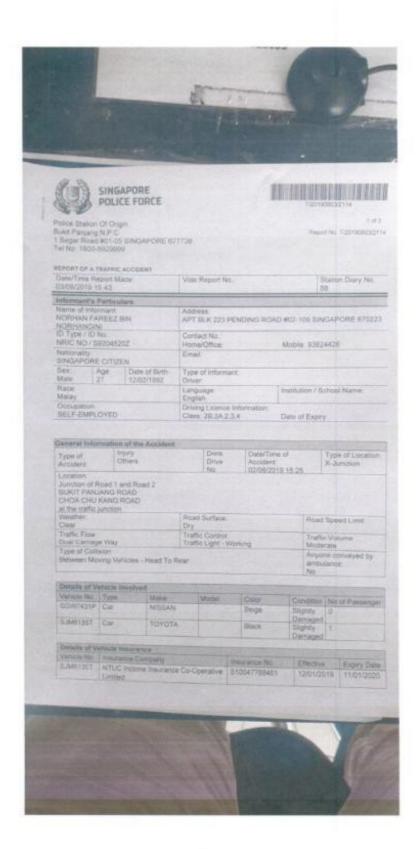
Resporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

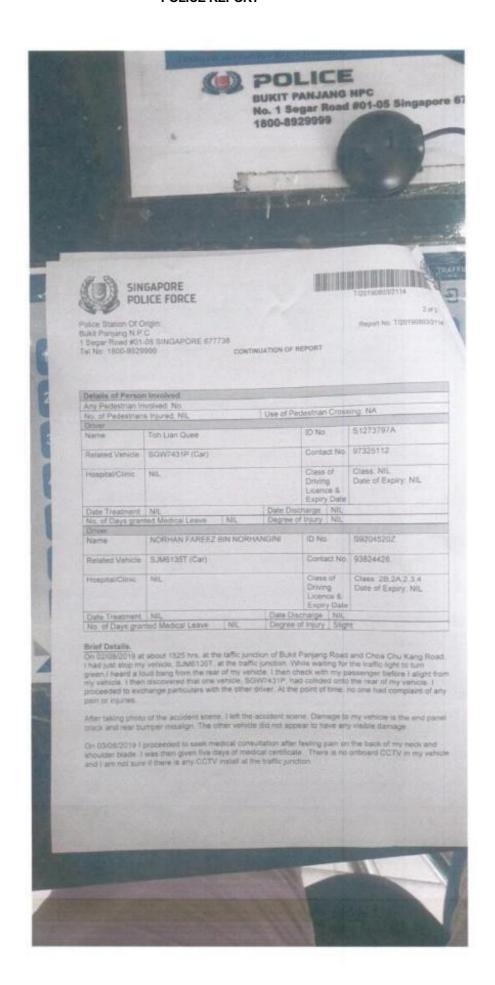
Accident Sketch Plan

ETCH PLAN	Bukit Panjang Rd.	
		A-SJM6135T B. SGW7431,2
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	Rober to Police Report.	7/20190803/2014
CLARATION We declare the foregoing parti	culars are true in every respect.	m/05/28/2019
olicyholder's Signature ste & Time:	(If driver is not the policyholder) Nam	roing Centre Personnel's Signature

POLICE REPORT



POLICE REPORT



POLICE REPORT























Addendum Sheet



equipment . .

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECOIDS MANAGEMENT CENTRE 6 Riffles Cipsy \$18-00 Singapore 045580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours I Monday is Friday, 09:00 - 17:00
UEN: SEESSOCIOO/ GST Res. No. M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre With whom you submitted the Original Report.

! ! ADDENDUM (A) PARTICULARS OF PERSONMAKING THE AMENDMENTS: Original Report No : Vehicle Registration No: Name(ss shownin NRIC) : (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No. : Email Address Date of Accident Time of Accident : Place of Accident Insurance Company: (8) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Policyholder / Driver's Signature blame: Date:

Oste: