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	16/08/2019 09:46
Date Of Accident	14/08/2019 21:05
Exact Location Of Accident	PIE(CHANGI) B4 BEDOK RESERVOIR RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD7929L
Insured/Policyholder	
Name Of Registered Owner	HASNI BINTE MOHAMED TAHIR
NRIC No	S1713376D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93898469
Alternative Phone No	OTHERS-91645439
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5101614158-01
Cover Note Number	
Driver	
Name of Driver	HAJI MOHAMED TAHIR @ TAHIR BIN SALLEH
NRIC No	\$18405191

 NRIC No
 \$1840519I

 Date Of Birth
 22/03/1933

 Occupation
 INDOOR

 Date Of Driving Pass
 02/12/1967

Driving Experience 51 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91645439

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 707 BEDOK NORTH ROAD

#04-3398

Postcode 470707

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

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.

nce.

Number of Passengers (Including Driver)

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG PIE(CHANGI) B4 BEDOK RESERVOIR RD EXIT ON THE EXTREME LEFT LANE.AT FIRST VEH(B)FROM MY RIGHT LANE ON SIGNAL LEFT SO I SLOWED DOWN MY VEH.WHEN I SAW THE VEH B SWITCH OFF THE SIGNAL I PROCEED TO MOVED OFF, SUDDENLY VEH B SWERVED HIS VEH AND GRAZED ONTO MY RIGHT SIDE PORTION OF MY VEH.

Attachment(s)

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

Remarks/ Reasons: HAVEN'T RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GZ9102K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KOH MUI SEAH
NRIC/Passport Number S1696560Z
Contact Number 94759167

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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.

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.:

16-8.2019 Hym

Accident Sketch Plan

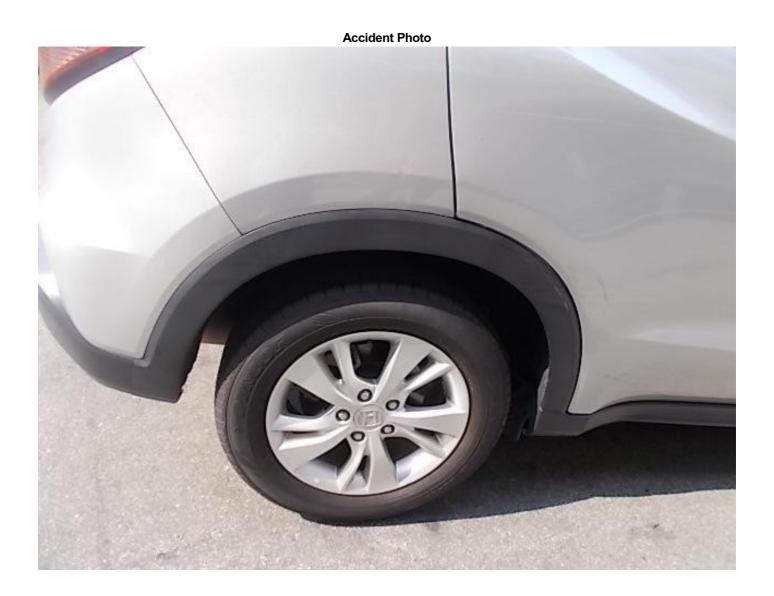
SKETCH PLAN	PIE(CHANGI) BG BEDOK RESERV	OIR E
A-560793 B-GZ9103	94	
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT THE ACCIDENT	
Pls repr	to the statement	
ECLARATION We declare the foregoing particular	2.	
olio-duridade Compa	Takes 16-8-19 Sym 16 68/19	
olicyholder's Signature ate & Time:	Driver's Signature Reporting tentre Personnel's Signature (If driver is not the policyholder) Name:	

Date & Time:

NRIC/FIN No.:



























ANNEX E

NOTICE OF REPORTING

This is to confirm that Haji Mohamed Tahir @Tahir Bin Salleh, NRIC:

S1840519I, has reported to the Police a non-injury traffic accident which occurred at

PIE(Changi) before Bedok Reservoir Road exit on 14/08/2019 at 2105hrs involving
the following vehicles:

SED7929E – Silver Honda Vezel

GZ9102K

 If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

> Eunos NPP Block 629 Berick Seservon Ko. #01-1620 Singapore 470675 Tel: 1800-6419999

Rank / Name of Issuing officer: SSgt Ng Zheng Yang

Date: 15/08/2019

Time: 2130hrs

S/D Refi

36

Police Post/ Unit: Euros NPP