

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	03/09/2019 13:53
Date Of Accident	31/08/2019 22:00
Exact Location Of Accident	NGEE ANN CITY SHOPPING HALL LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD9193C
Insured/Policyholder	
Name Of Registered Owner	SUNSHINE CAR RENTAL & SERVICES
Co Reg No	53318074X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86061206
Alternative Phone No	OFFICE-86061206

Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE SERVICE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093374018-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ISMADI BIN RASSAP
NRIC No	S8822592I
Date Of Birth	30/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86061206
Fax Number	
Contact Number	
EMail Address	ISMADIR88@GMAIL.COM

Address	BLK 462C YISHUN AVE 6 #14-1111
Postcode	763452
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 - HEAD TO REAR
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?	
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)	3
Passenger 1	NAME: : BESSIE GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

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

MY CAR STOPPED DUE TO JAM IN FRONT. VEHICLE B (SH8612P) BANGED ONTO MY REAR PORTION. THE PASSENGER (MS BESSIE) WAS IN MY CAR AND SHE WITNESS THIS INCIDENT AND IS WILLING TO BE MY WITNESS.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

Details of Witness 1

Name	BESSIE
Phone Number	82228760
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8612P
Vehicle Make/Model/Colour	TAXI / BLUE
Details Of Properties	

Vehicle Category

TAXI

Name of Driver

Wahid H Khan Pg. 7

NRIC/Passport Number

Contact Number

9821247744

Address

Postcode

IMPORTANT NOTICE

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1. The Motor Vehicle Agreement and the Motor Vehicle Insurance Policy are hereby acknowledged and agreed to by the Motorist and the Insurer.

2. The Motorist agrees to be subject to the Motor Vehicle Insurance Policy.

3. The Motorist agrees to be subject to the Motor Vehicle Insurance Policy and to the Motor Vehicle Insurance Policy and to the Motor Vehicle Insurance Policy.

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SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

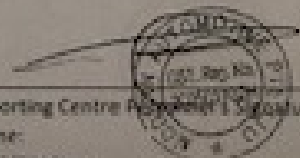
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - (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.



Policyholder's Signature
Date & Time:

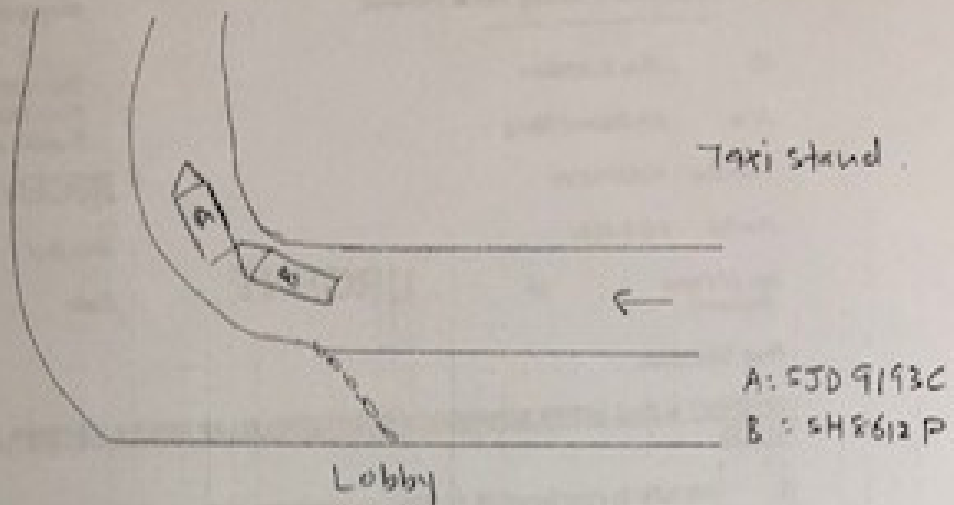
Driver's Signature
(If driver is not the policyholder)

Date & Time: 3/9/17 1140hrs



Reporting Centre Representative's Signature
Name:
NRC/IRIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car stopped due to jam in front. Vehicle 'B' (SH 8612P) braked into my rear partition. The passenger (Mrs. Bessie) was in my car and she witness this incident and is willing to be my witness.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature:
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 3/27/19 8:00 PM

Reporting Centre Personnel's Signature
Name:
AOC/HM No.: