

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	23/09/2019 12:42
Date Of Accident	22/09/2019 15:55
Exact Location Of Accident	RIVERVALE DR BESIDE RIVERVALE MALL DROP-OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA9705E
Insured/Policyholder	
Name Of Registered Owner	KWEK AI KEE LENA
NRIC No	S6904037C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96620302
Alternative Phone No	OFFICE-96620302

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5103291260
Cover Note Number	

Driver

Name of Driver	KWEK KOK KEONG LAWRENCE
NRIC No	S1587402C
Date Of Birth	23/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97765215
Fax Number	
Contact Number	OFFICE-97765215
Email Address	NOEMAIL

Address	BLK 465 UPPER SERANGOON ROAD #04-1195
Postcode	530465
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : MUTHUKRISHNAN GUNASEKARAN 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

REFER TO STATEMENT,

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	FBN498A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ASYRAF FAYYADH BIN SHARIFFUDIN
NRIC/Passport Number	S9842133E
Contact Number	87512780
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

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 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. 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.

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

A: SKA9705E.
B: FBN498A

No. 21444111

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/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:

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

Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS FRONT HAVE A TRAFFIC LIGHT (RED LIGHT), MANY CARS WAS STOPPING THERE. I STOPPED BESIDE OF RIVERVALE MALL DROP OFF POINT. PASSANGER ASKED ME THAT CAN HE DROP OFF THERE. I DID TOLD THE PASSANGER THAT CHECK THE BLINDSPOT BEFORE OPENING OF VEHICLE DOOR. WHILE HE WAS OPENING OF VEHICLE DOOR, VEHICLE B WAS TRAVELLING SITE AND GRAZED ONTO MY FRONT LEFT PASSANGER DOOR. THE MOTORIST FELL TO ROAD SHOULDER AND MY PASSANGER GOING TO ASSIST HIM. AFTER THIS INCCIDENT, I DROVE MY VEHICLE TO THE FRONT, BUT THERE WASN'T ANY AVAILABELE PARKING LOT, IN A MEAN TIME, I SAW FROM BACK MIRROR THAT MY PASSANGER ASSIST MOTORIST, I SAW THAT THE MOTORIST WAS FINE AND THINKING THAT MOTORIST AVOID AND FELL OFF. THINKING MY VEHICLE DID NOT HIT ONTO HIM, I DROVE OFF TO PICK UP NEXT CUSTOMER. ABOUT 15 MINS LATER, I RECEIVED A CALL FROM PASSANGER THAT HE OPENED VEHICLE DOOR AND GRAZED ONTO THE MOTOCYCLE, THE MOTORIST FELL DOWN. AFTER THAT, I ALIGHT FROM MY VEHICLE AND NOTICED THAT MY VEHICLE FRONT LEFT DOOR DENTED. THE PASSANGER CALLED ME AND PUT INTO 3 PARTY TALK, THE MOTORIST AGREED TO HAVE PRIVATE SETTLEMENT WITH THE PASSANGER. LATER WHEN MOTORIST WHEN BACK, ONE OF THE FAMILY MEMBER CALLED AND SAID THEY WANT TO MAKE A REPORT. THERE AFTER, I LODGE ACCIDENT REPORT.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



[illegible]

Accident Photo

