

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	02/09/2019 12:24
Date Of Accident	31/08/2019 15:40
Exact Location Of Accident	TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM772H
Insured/Policyholder	
Name Of Registered Owner	NADZARUDDIN BIN AHMAD
NRIC No	S1753076C
Email Address	NADZAAHMAD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97374052
Alternative Phone No	OTHERS-97374052

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	5110720007
Cover Note Number	29/06/2019 - 04/07/2020

Driver

Name of Driver	NADZARUDDIN BIN AHMAD
NRIC No	S1753076C
Date Of Birth	23/09/1966
Occupation	INDOOR
Date Of Driving Pass	21/08/2006
Driving Experience	13 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97374052
Fax Number	
Contact Number	OTHERS-97374052
Email Address	NADZAAHMAD@GMAIL.COM

Address	BLK 111 EDGEFIELD PLAINS #14-394
Postcode	820111
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	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?	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: : 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

On 31 August 2019, around 3.40-3.50 pm, while I was driving my vehicle along Tanjong Katong Road towards Mountbatten Road to drop off my grab passenger, my car was scratched by a blue Comfort taxi (car plate no: SHD 3418T). I was driving at a speed of 2-30km/h with the intention to turn right to Mountbatten Road when the incident happened. Attached is video evidence from my vehicle's camera. The traffic situation at that point was heavy with cars. My vehicle was in the second lane around 50m from the junction, with my right turning signal blinking to inform other vehicles that I was planning to turn inside they yellow box. The blue taxi (SHD3418T) was closely following behind my car, on the right side and eventually jerk and hit, which scratched my right bumper which left a deep scratch. We both came out of our vehicles to check and acknowledge what had just happened. During the exchange, we traded phone numbers but did not take any photos of the scene. Around 4.15pm later that day, the taxi driver contacted and claimed that his taxi was badly dented and demanded a compensation. I refused his demands and informed him that it was his car that hit me and not the other way around and instead, required him to compensate for my bumper's deep scratch. We both agreed to make an accident report to our respective Insurance.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD INTO SERVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3418T
Vehicle Make/Model/Colour	TAXI
Details Of Properties	FRONT BUMPER LEFT
Vehicle Category	TAXI

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT/

D.O.A: / /

Vehicle No:

Make / Model:

Report Date: 2/9/2019 Start Time: 12:39 PM

Reporting Type: End Time: / /

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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

2/9/2019 12:36

Policyholder's Signature
Date & Time:

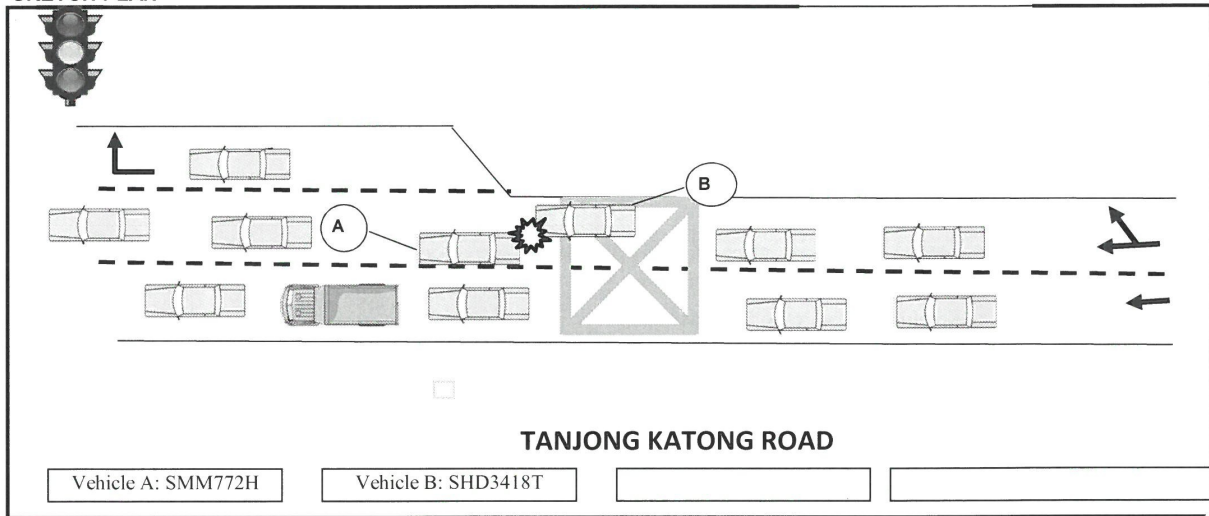
2/9/2019 12:36

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



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DECLARATION

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

2/9/2019 12:36

Policyholder's Signature
Date & Time:

2/9/2019 12:36

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

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

