

## 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	01/10/2019 14:39
Date Of Accident	30/09/2019 12:00
Exact Location Of Accident	SLIP RD FROM TELOK BLANGAH DR INTO HENDERSON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9844K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD DZULQHAYRIL B YAZID
NRIC No	S9415041H
Email Address	DZULQHAYRIL_YAZID@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91409342
Alternative Phone No	OTHERS-91409342

### Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5109321598
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD DZULQHAYRIL B YAZID
NRIC No	S9415041H
Date Of Birth	02/05/1994
Occupation	INDOOR
Date Of Driving Pass	23/04/2019
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91409342
Fax Number	
Contact Number	OTHERS-91409342
Email Address	DZULQHAYRIL_YAZID@HOTMAIL.COM

Address	BLK 56 TELOK BLANGAH HEIGHTS #08-159
Postcode	100056
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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)	1

#### 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

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	SLU3067K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### 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: 1/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

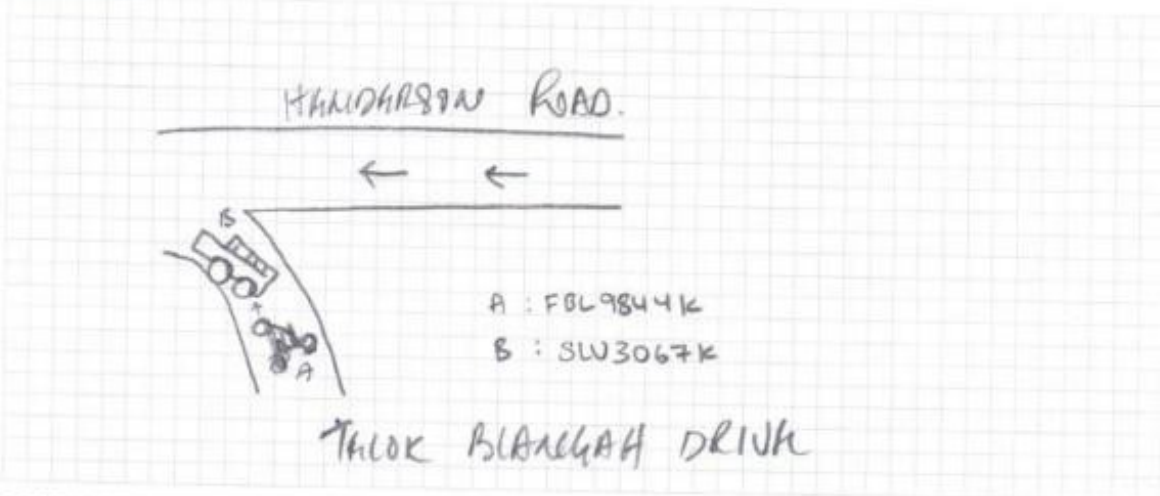
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS AT THE FILTER LANE AND THE ROAD AHEAD WAS BUSY SO I WAITED BEHIND THE CAR. I THEN CHECK MY RIGHT BLINDSPOT WHEN THE ROAD IS CLEAR BEFORE MOVING OFF. BUT I DID NOT REALISE THAT THE CAR IN FRONT OF ME HAD NOT MOVE OFF AS HE DELAYED BEFORE MOVING OFF. I THEN HIT THE BUMPER OF THE CAR THERE WAS A SMALL DENT ON THE BUMPER AND I ~~AG~~ BROUGHT HIM TO THE NEAREST WORKSHOP TO FIX THE DAMAGE AS HE ALSO AGREED. I THEN PAID A DEPOSIT OF \$100 TO FIX THE DAMAGE. BOTH PARTY THEN AGREED MUTUALLY THAT THE CASE IS SETTLED AS WE HAVE SETTLED PERSONALLY. BUT THE DRIVER COULD NOT STAY TO FIX THE DAMAGE SO HE DECIDES TO COME THE NEXT DAY. BUT THE CAR OWNER WHICH IS HIS DAUGHTER WANTS TO CLAIM FROM MY INSURANCE.

## DECLARATION

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

Policyholder's Signature

Date & Time: 1/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



## LETTER

### Letter of Claim

Date: 1<sup>st</sup> October 2019

Dear Vehicle Owner FBL9844K 'VO FBL9844K',

Re: Request for return of SGD 100 deposit placed with VO FBL9844K car workshop

With reference to our agreement via WhatsApp ('WA') today, 1<sup>st</sup> Oct 2019 at 1214PM SGT:

1. Out of goodwill and through no fault of car owner of SLU3067K, car owner of SLU3067K has agreed to return SGD 100 to VO FBL9844K upon reporting the car accident to VO FBL9844K insurance company for deposit placed with VO FBL9844K car workshop on Monday, 30 September 2019 at the following bank details:

Bank Name: DBS Savings Plus

Bank Account No.: 0124-04-1759

2. VO FBL9844K has confirmed to car owner SLU3067K via WA at 1244PM SGT that the car accident has been reported to his insurance company.
3. VO FBL9844K did not share a copy of the report with car owner SLU3067K's for he is not comfortable sharing his personal details.
4. VO FBL9844K should at no time contact car owner SLU3067K's father in relation to the car accident and claims if any with immediate effect.
5. Should VO FBL9844K has questions in relation to the repair and/ or claim, he should contact the car owner of SLU3067K directly.
6. If VO FBL9844K is in breach of any of the above and car owner SLU3067K insurance company did not hear from VO FBL9844K insurance a week from today, car owner SLU3067K will not hesitate to report the car accident to the police.

Thank you.

ACKNOWLEDGED AND SIGNED BY:



Vehicle Owner SLU3067K

ACKNOWLEDGED AND SIGNED BY:

Vehicle Owner FBL9844K