

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	07/10/2019 12:48
Date Of Accident	05/10/2019 08:10
Exact Location Of Accident	NEWTON FOOD CENTER PARKING AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME5401M
Insured/Policyholder	
Name Of Registered Owner	ESTEEM LEASING PTE LTD
Co Reg No	201807215D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91719100
Alternative Phone No	OFFICE-67532112

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	5110341793 (CLASSIC)
Cover Note Number	

Driver

Name of Driver	MD ZIN BIN HANDAIR
NRIC No	S2189003J
Date Of Birth	05/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/09/1983
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91719100
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 204 BUKIT BATOK STREET 21 #06-02
Postcode	6560204
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	SIDE SWIPE
Weather Conditions	RAINING
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

REFER ATTACHMENT (ATTENDED BY: JAMES NG)

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	SJT9321R
Vehicle Make/Model/Colour	TOYOTA VIOS / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	XUE CAN
NRIC/Passport Number	S8264650G
Contact Number	85180886
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

07 OCT 2019

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

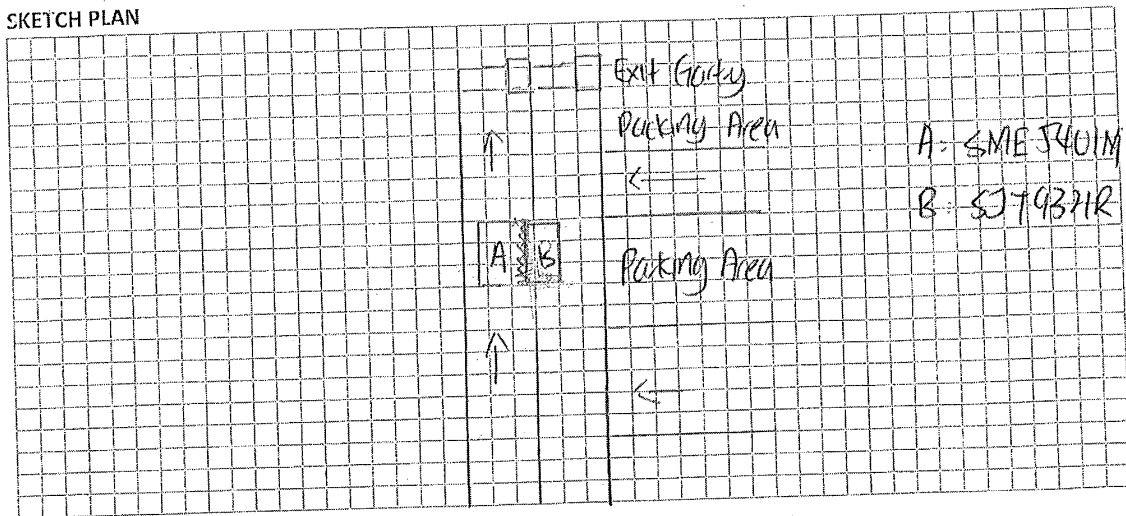
Date & Time:



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

NG WING KIN JAMES
admin.vac@vicom.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the 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:

GIARMC SketchPlanForm_V3

07 OCT 2019



Reporting Centre Personnel's Signature
Name:

NG WING KIN JAMES
admin.vac@vicom.com.sg

I, Md Zin Handair the driver for SME5401M filling official report for an accident that happen on Saturday 05 October 2019 at 08.11 pm in Newton Food Center parking area.

I'm a Grab driver and just alight a rider at the drop off area at Newton food center. After the drop off, I drive toward the direction to exit. While driving on the left exit lane suddenly another car SJT9321R just dashes out from right lane without any signal. The car SJT9321R collided into SME5401M with a strong impact. I switch on my hazard light, park at the safe side and came out to check and I approaches the SJT9321R driver Mr. Xue Can. I did ask him if his fine and he replied that his fine and all his friends inside the car also fine. He apologies for the mistake and mention that he will settle the damages done to SME5401M. I just tell him be carefulness in future.

We analyses and take picture of the damages, conversed a while, exchange driving license, contact details and agreed to file the accident report on Monday morning as the accident happen over the weekends. He mentions that he will take full responsibility to settle and repair SME5401M from his insurance company. We shook hands before departing from the accident scene, I double-check SME5401M road worthy condition and find it safe to drive home.

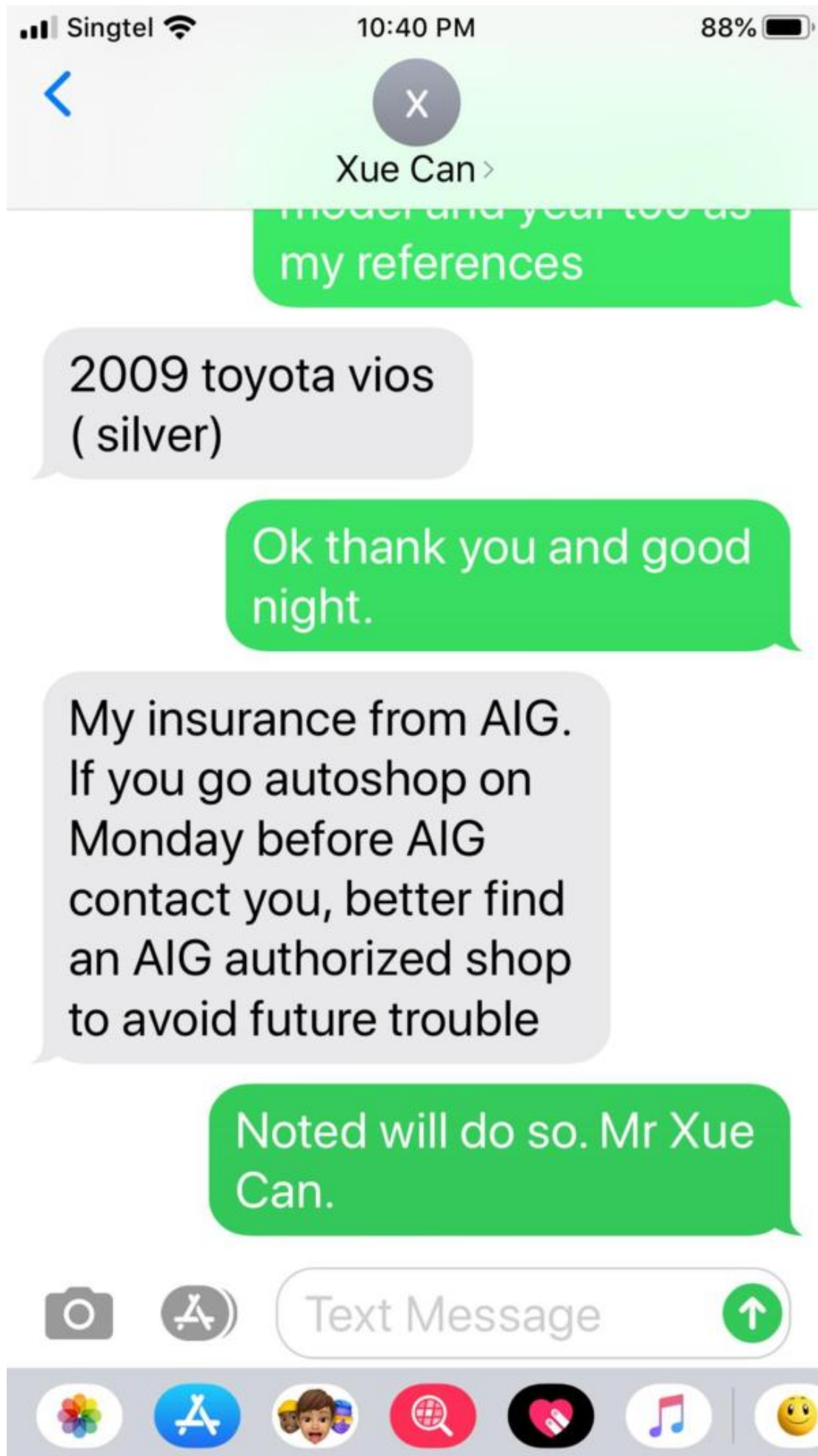
1) Md Zin Handair S2189003J
Plate: SME5401M
Car: Toyota Prius Alpha (Silver)
Model: 2018
Insurance: INCOME

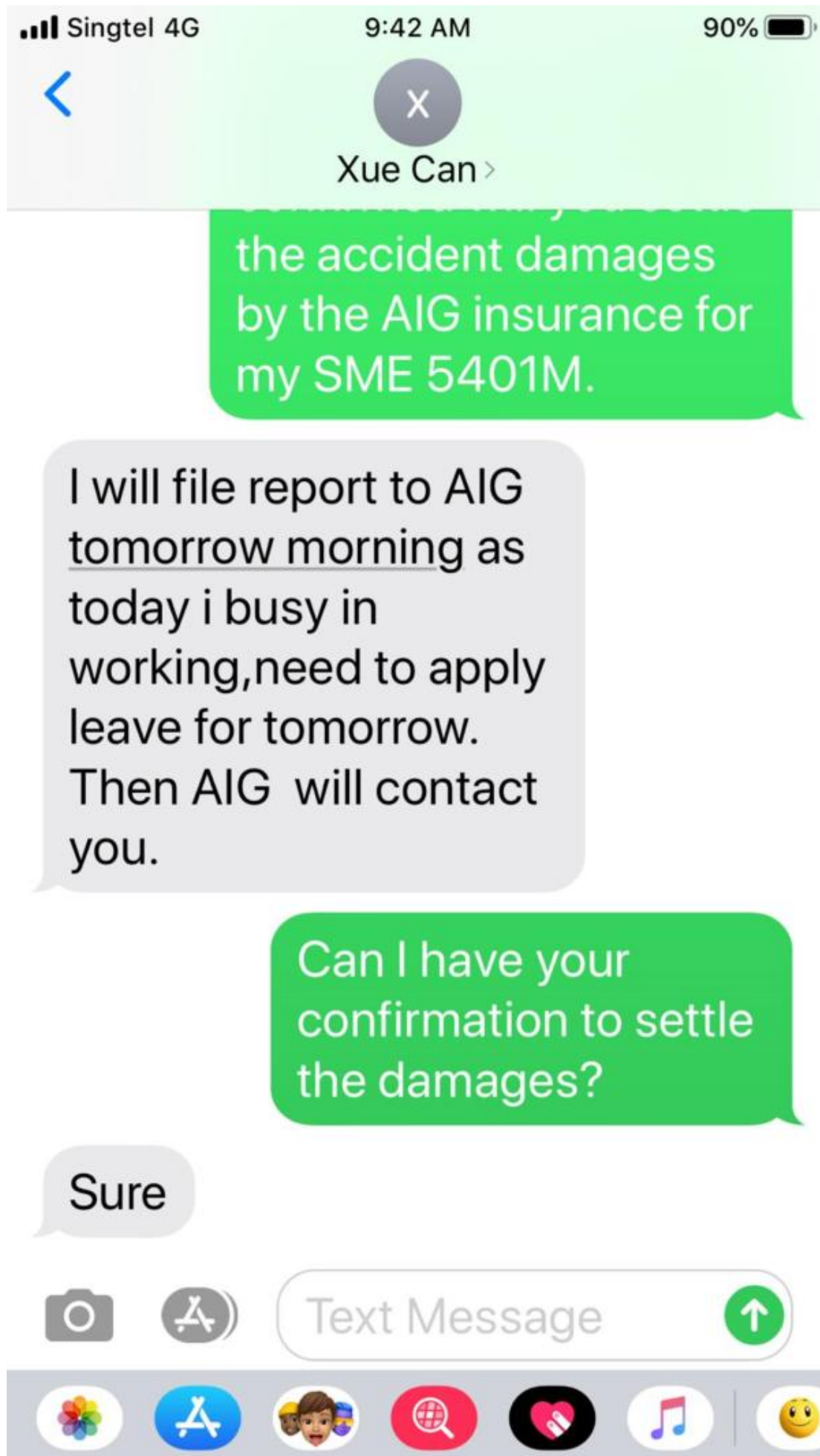
2) Xue Can – S8264650G
Plate: SJT9321R
Car: Toyota Vios (Silver)
Model: 2009
Insurance: AIG

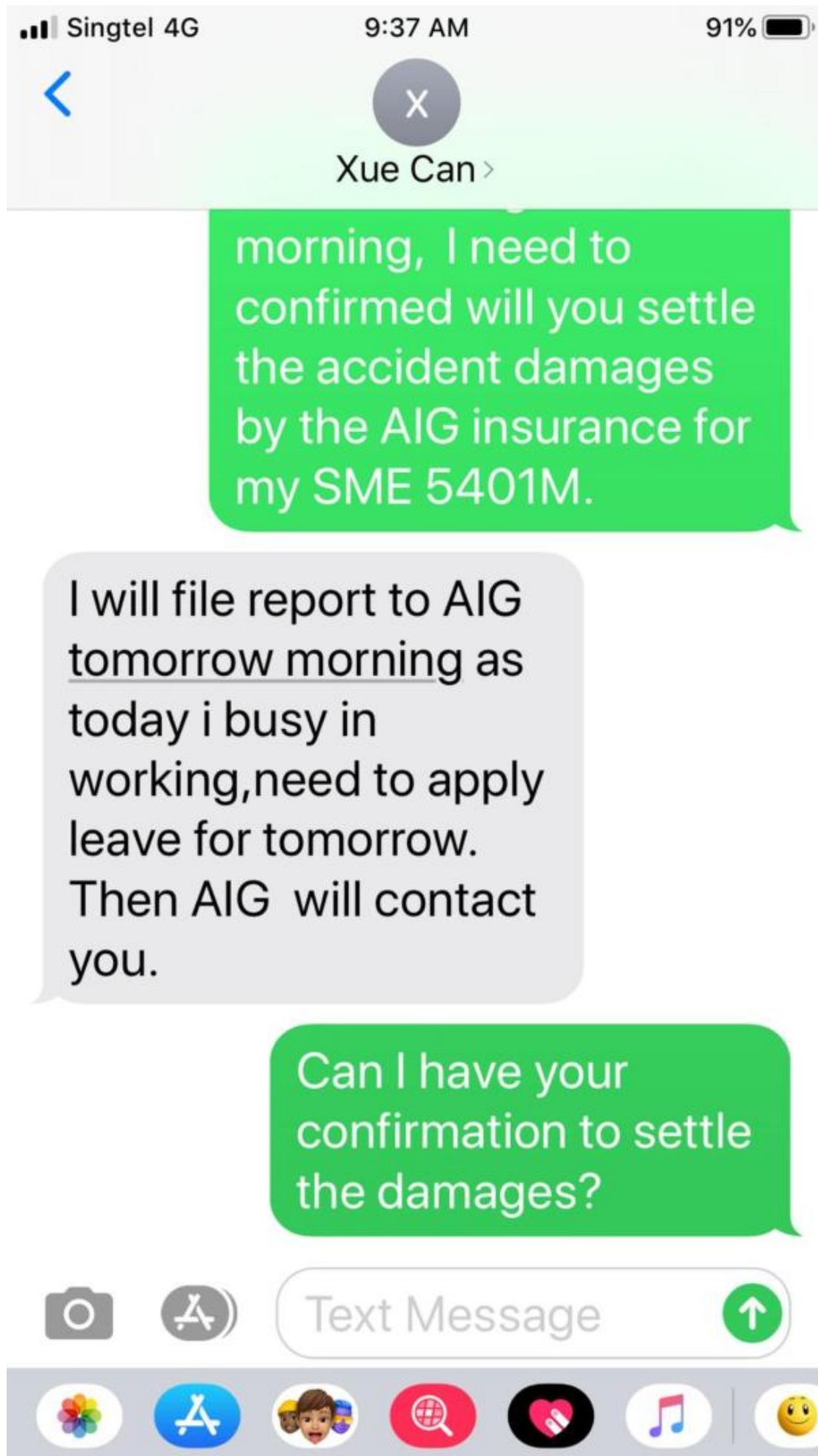
07 OCT 2019



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Accident Photo



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