

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	03/10/2019 16:59
Date Of Accident	03/10/2019 13:00
Exact Location Of Accident	OASIS @ SAKRA (JURONG ISLAND) MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7361T
Insured/Policyholder	
Name Of Registered Owner	SIM JEFFREY ANGUS
NRIC No	S2767700B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86926460
Alternative Phone No	OTHERS-86926460

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USE
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112351073
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	SIM ODIN ALEXANDER TARALRUD
Passport No/FIN	G3288916L
Date Of Birth	22/11/1993
Occupation	INDOOR
Date Of Driving Pass	06/03/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86926460
Fax Number	
Contact Number	
Email Address	ODINALEXANDERSIM@HOTMAIL.COM

Address	40 ST. PATRICK'S ROAD #05-15
Postcode	424163
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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 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	SLL517X
Vehicle Make/Model/Colour	NISSAN QASHQAI RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EUGENE LOW
NRIC/Passport Number	
Contact Number	97850293
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Vehicle No: _____

Report Date: 3/10/2019 Start Time: 5:25 PM

Report No: MT9 _____

D.O.A: _____

Make / Model: _____

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 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.

3/10/2019 17:25

Policyholder's Signature / Date & Time

[Signature]

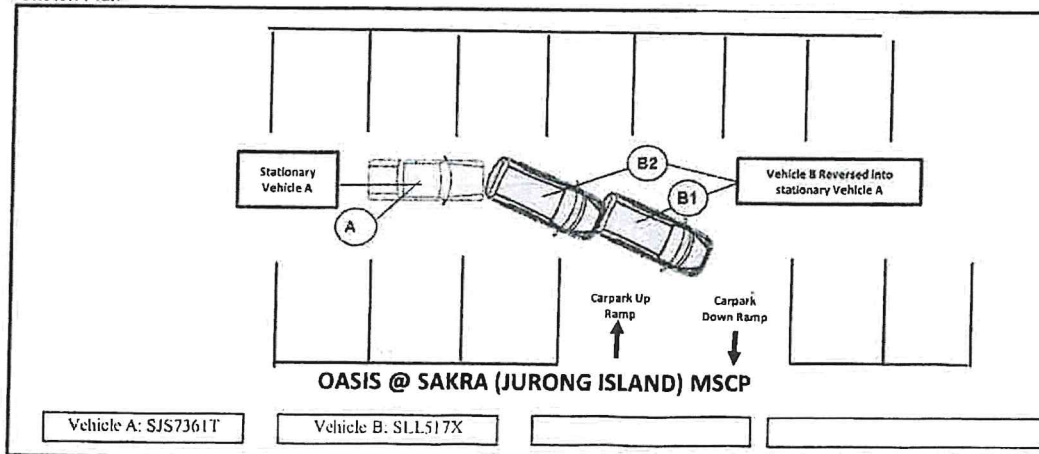
Driver's Signature (If driver is not the policyholder) / Date & Time

3/10/2019 17:25

Witnessed by Reporting Centre Personnel

[Signature]

Sketch Plan



Sketch Plan Pg. 2

Describe Circumstances of the Accident

I stopped my car completely as I saw Vehicle B stopped just before the down ramp. Suddenly, Vehicle B began to reverse his car, and I immediately sounded my horn to warn him. But still Vehicle B collided onto the front of my stationary car.

Declaration

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

3/10/2019 17:25

Policyholder's Signature / Date &
Time



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

3/10/2019 17:25

Witnessed by Reporting Centre
Personnel

