

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	30/09/2019 17:55
Date Of Accident	28/09/2019 09:35
Exact Location Of Accident	BESIDE BLK 77A MARINE DRIVE MSCP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK551B
Insured/Policyholder	
Name Of Registered Owner	SHREEMANJIBI RAI
NRIC No	S7885286J
Email Address	JEBRAI@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90671696
Alternative Phone No	OFFICE-90671696

Vehicle Particulars

Manufacturer	HONDA
Model	EDIX 2.0 A
Exact Purpose for which vehicle was being used at time of accident	
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	5107608761
Cover Note Number	

Driver

Name of Driver	SHREEMANJIBI RAI
NRIC No	S7885286J
Date Of Birth	12/10/1978
Occupation	INDOOR
Date Of Driving Pass	18/06/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-90671696
Fax Number	
Contact Number	OFFICE-90671696
EEmail Address	JEBRAI@YAHOO.COM

Address	BLK 205C COMPASSVALE LANE #08-23
Postcode	543205
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	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

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	SJA2538D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97383938
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

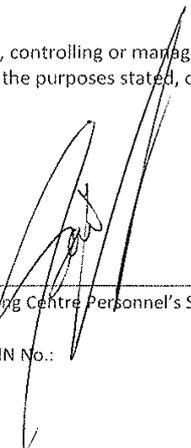
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: 30/9/19 @ 11.45am

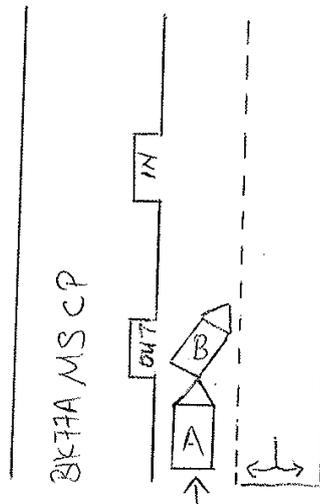

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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



SKETCH PLAN

A: SLK551B
 B: SJA2538D



BESIDE
 BIK 77A MARINE DRIVE MSCP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG BESIDE BIK 77A MARINE
 DRIVE MSCP. ON THE STATED DATE AND TIME. VEHICLE B SUDDENLY
 TURN RIGHT AND REVERSED, AND I SOUNDED MY HORN BUT HE
 DID NOT STOP AND HIS VEHICLE HIT ONTO MY VEHICLE FRONT.
 * TP claim - Repair at other workshop - Long Auto. *

DECLARATION

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

Policyholder's Signature: *[Signature]*
 Date & Time: 30/9/19 @ 11.45am
 Driver's Signature: *[Signature]*
 (if driver is not the policyholder)
 Date & Time:

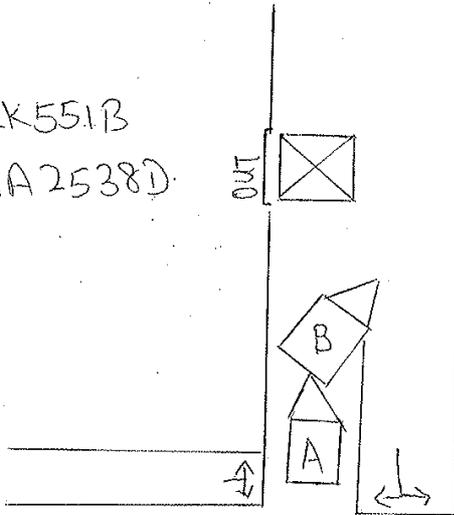
Reporting Centre Personnel's Signature: *[Signature]*
 Name:
 NRIC/EN No.:



AMENDED SKETCH & STATEMENT.

SKETCH PLAN

A: SLK551B
B: SJA2538D



BESIDE
BIK 77A MARINE DRIVE MSCP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG BESIDE BIK 77A MARINE
 DRIVE MSCP. ON THE STATED DATE AND TIME, I SAW VEHICLE
 B INFRONT OF ME STOPPED AND I ALSO STOPPED. VEHICLE B SUDDENLY
 TURN RIGHT AND REVERSED. I SOUNDED MY HORN BUT HE DID NOT
 STOP. VEHICLE B HIT ONTO MY VEHICLE FRONT PORTION.

DECLARATION

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

Policyholder's Signature

Date & Time: 3/10/9 @ 11:00am

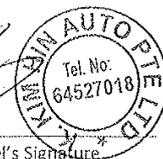
Driver's Signature

(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



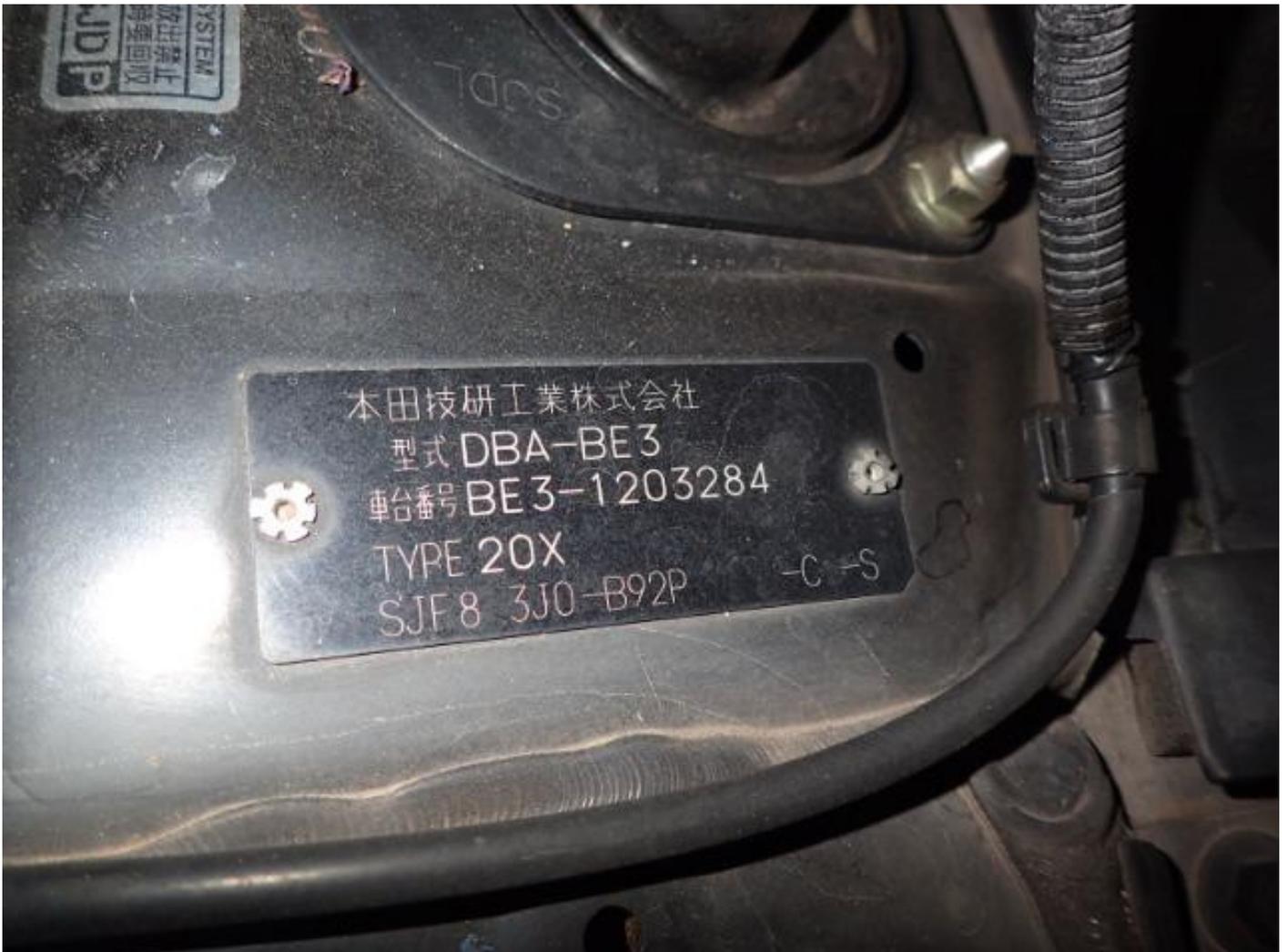
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S565S00206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKKH19129553 Vehicle Registration No: SLK 551 B
Name(as shown in NRIC) : SHREEMANJIRI RAI NRIC/FIN/Passport No : S7885286J
(*Vehicle Driver/ Vehicle Owner)(* Please delete as appropriate
Address : BIK 205C COMPASSVALE LANE #08-23 Singapore(543205)
Contact (Tel) : 9067 1696 Mobile No. :
Email Address : JEBRAI@YAHOO.COM
Date of Accident : 28/9/19 Time of Accident : 9:35 am
Place of Accident : BESIDE BIK 77A MARINE DRIVE MSCP
Insurance Company: NTUC INCOME

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMENDMENT SKETCH PLAN & STATEMENT

Multiple horizontal lines for providing additional information or amendments.

Policyholder / Driver's Signature
Date: 3/10/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:
[Stamp: GENERAL INSURANCE ASSOCIATION OF SINGAPORE AUTO PT LTD Tel. No: 64527018]