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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	3
	ACCIDENT STATEMENT
Date Of Report	04/11/2019 14:41
Date Of Accident	02/11/2019 08:50
Exact Location Of Accident	ALONG TURUT TRACK GOING TO KRANJI MARSHES
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR7020J
Insured/Policyholder	
Name Of Registered Owner	AHMAD SYALABI BIN ADI SUNARYO
NRIC No	S8733669G
Email Address	NUR_SYATHIRAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96581700
Alternative Phone No	OFFICE-67831815
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA ELITE AD 1.6GLS AT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	5110446417

Duite
INIVE

Cover Note Number

Name of Driver NUR SYATHIRAH BINTE ADI SUNARYO

NRIC No S9402829I
Date Of Birth 25/01/1994
Occupation INDOOR
Date Of Driving Pass 21/11/2013

Driving Experience 5 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96745442

Fax Number

Contact Number OTHERS-96745442

EMail Address NUR_SYATHIRAH@HOTMAIL.COM

Address BLK 815 TAMPINES AVENUE 4

#09-243

Postcode 520815

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

Vehicle Registration Number of Driver's Own

Vehicle Vehicle

.

Insurance Company of Driver's Own Vehicle

_

2

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1 NAME: : MUAFAH BINTE AMRAN

GENDER: : FEMALE

Passenger 2 NAME: : MUSYAFFAH BIN AMRAN

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN6490J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHUA BUCK TING

NRIC/Passport Number S1725719F Contact Number 83049113

Address Postcode Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

Veh A: SLR 7020] Veh B: YN 6440 7

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.
- 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.
- 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.
- The 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.
- 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 insurers) 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:
 - 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.

** / AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN CAMAGE CLAIM UNDER MY OVAL POLICY I WILL OFFICK MY POLICY FOR MORE DETAIL.

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time: 111119 - 11am .

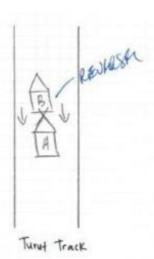
eporting Centre Poe

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Veh A: SLR 70207 Veh B: YN 6490]



I was drivin	on the read, heading for	orward. There
	· front of me. I noted the	
	I stopped a distance benind h	
	forry quickly despite me horning	
To revise, home	re- he never too quickly and	hit the bumper of
My car.		<u></u>
0		
RATION		

Policyholder > --- Date & Time: 2111/17 - Ilam-

Driver's Scripture (If driver is not the policyholder) Date & Time: 2[11]15. ([454

NRIC/FIN No.:

Accident Sketch Plan

Google Maps 2 Turut Track

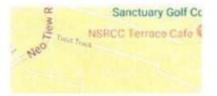


Image capture: Apr 2018 © 2019 Google

Singapore

Google

Street View - Apr 2018



July 2018
Bos 2 Worthors











