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.

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	ACCIDENT STATEMENT
Date Of Report	20/11/2019 10:49
Date Of Accident	19/11/2019 15:50
Exact Location Of Accident	44 BROADRICK RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJA5481M
Insured/Policyholder	
Name Of Registered Owner	SUBRAMANIYAM S/O THANGAYAH
NRIC No	S1633970I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90214134
Alternative Phone No	OFFICE-90214134
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200 SPORT AUTO
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	5095755306-01
Cover Note Number	
Driver	
Name of Driver	JOSHUA S/O SUBRAMANIYAM
NDIC No.	\$00022816

NRIC No S9902281G
Date Of Birth 23/01/1999
Occupation INDOOR
Date Of Driving Pass 06/10/2017

Driving Experience 2 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94523933

Fax Number

Contact Number OFFICE-94523933

EMail Address NOEMAIL

Address BLK 67 BEDOK SOUTH AVENUE 3

#19-500

Postcode 460067

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 - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2 NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons: VIDE

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number CB7039Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- L. Please report garrectly the details of the accident to speed up the claims process.
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- Any felse recoming mey be referred to the Police for investigation,
- The report will be focuseded by the insurers of the GIA Records Management Control 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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aforeasid.
- f. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and entirent that:

- (s) My insurer, my workshop and the General Insurence 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 shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singaports and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my dains including the settlement of the dains and any necessary investigations relating to the dains;
 - (ii) investigating the aedident and/or my dolma:
 - (iii) carrying out and/or dealths with my instructions or responding to any enquiries by mas
 - (Iv) administering my claims (including the malting of correspondence, statements, invoices, reports or notices to the, which could involve disclosure of certain personal data about ms to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable low in administering, processing, handling and/or dealing with my dains (collectively the "Purposes")
- (b) all insurer(a) who have insured vehicle(s) involved in this occident and the insurers' iswyers/law firms, may/are parefixed to switch, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- (i) 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 sted outside of Singaporo, for one or more of the above Purposes.
- (b) my Personal Information will also be collected and used to compile dates history for the purpose of freud detection, investigation and management in present and all future dates.
- (e) the influentation so collected under (d) above may be stored / disclosed:
 - 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

(2) for complying with requirements under any regulations, laws or court orders.

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

Apparing Contre Personnel's Signature Name: NRIC/FIN No.:

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Accident Sketch Plan

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