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.		
	ACCIDENT STATEMENT	
Date Of Report	05/12/2019 11:01	
Date Of Accident	05/12/2019 08:30	
Exact Location Of Accident	CTE (AYE) AFTER BUKIT TIMAH RD EXIT	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJV2627U	
Insured/Policyholder		
Name Of Registered Owner	PROSERV (ASIA) PTE LTD	
Co Reg No	200603393Z	

Alternative Phone No Vehicle Particulars

Email Address

Mobile Phone No

Manufacturer VOLKSWAGEN

Model TIGUAN 2.0T AUTO 5N12T3 4WD

Exact Purpose for which vehicle was being used at time of accident

time of accident

WORKING

NOEMAIL

OFFICE-62975563

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5110890102

Cover Note Number

Driver

Name of Driver ARVEEN RAM SRI RAM

NRIC No S8485108F

Date Of Birth 08/11/1984

Occupation INDOOR

Date Of Driving Pass 14/01/2012

Driving Experience 7 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91056816

Fax Number

Contact Number OFFICE-91056816

EMail Address NOEMAIL

BLK 408 FAJAR ROAD Address

#02-347

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NO

NO

Postcode 670408

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. I DID NOT NOTICED THAT FRONT VEHICLE SLOW DOWN. I SWERVE MY VEHICLE TO THE LEFT TO AVOID COLLISION HOWEVER MY VEHICLE FRONT RIGHT PORTION HIT ONTO VEHICLE B REAR LEFT PORTION.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

VIDEO FOOTAGE WITH DRIVER Remarks/ Reasons:

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMN9389S

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE HIRE Vehicle Category

EDWARD MELVYN CHUA HAN YANG (EDWARD MELVYN CAI Name of Driver

HANYANG)

NRIC/Passport Number S7918107B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

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Accident Sketch Plan

SKETCH PLAN

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 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.

PROSERV (ASIA) PTE LTD

CO REGN / GST NO: 2006033932 33 UBI AVE 3 #01-66 THE VERTEX SINGAPORE 40868 TEL: +65 62975563/5562 FAX: +65 63388521

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		
(7E CA) 9)	E PA	A. SJV26274. 13: SMN9389S
ESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT	
ECLARATION ROSEIRV (ÉASHADIRITE LETIOTS CO REGN / GST NO: 250603393Z 33 USI AVE 3 #01-46 THE VERTEX SINGAPORE 408888	are true in every respect.	Ma
+65 52975063/3562 FAX: +65 63386521 licyholder's Signature ite & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:

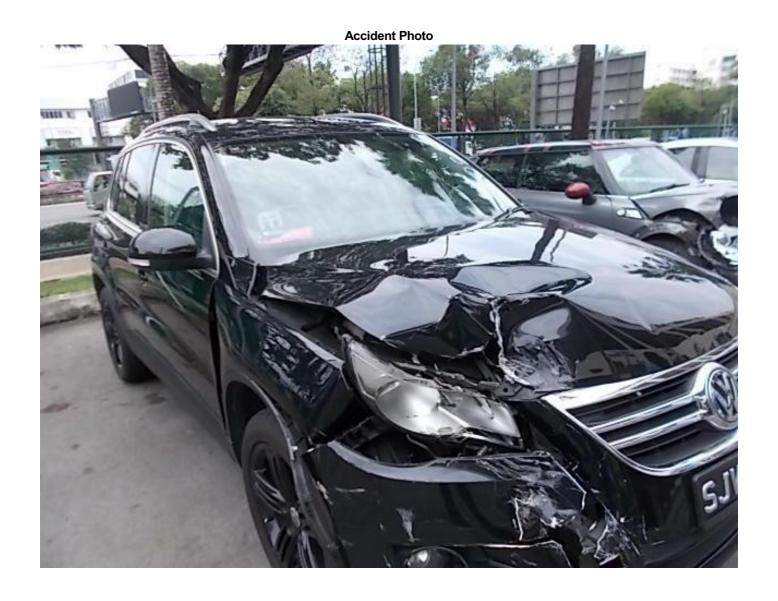
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Accident Photo





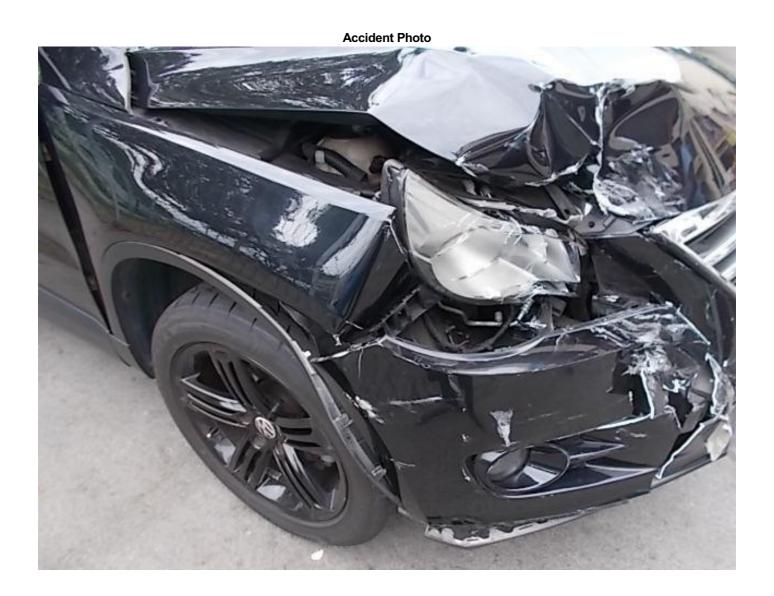


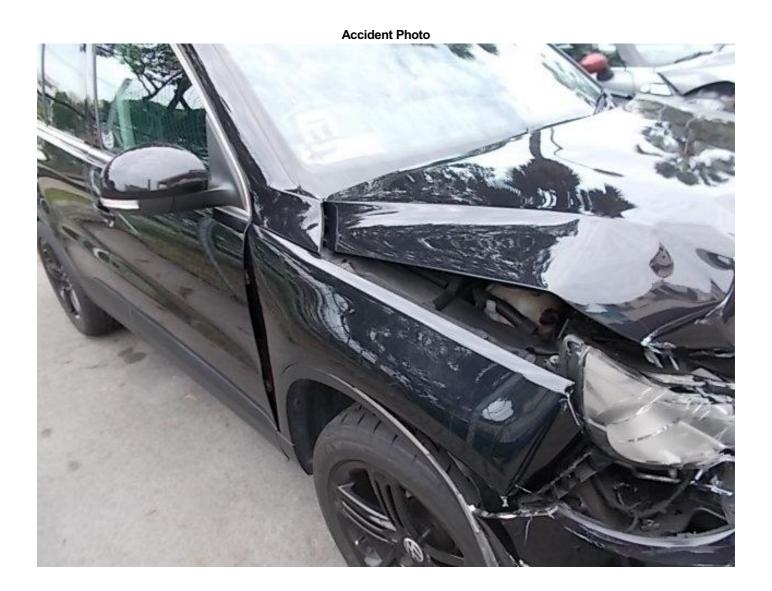












Accident Photo



Accident Photo



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