

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	17/12/2019 16:00
Date Of Accident	14/12/2019 11:10
Exact Location Of Accident	SOUTH BUONA VISTA ROAD TURNING INTO LORONG SARHAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB2141D
Insured/Policyholder	
Name Of Registered Owner	ABWIN LEASING PTE. LTD.
Co Reg No	201223082Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67499699
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE 3.0DX M
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5109568886
Cover Note Number	
Driver	
Name of Driver	SUHAIMI BIN SHUMANAN
NRIC No	S7911985G
Date Of Birth	08/05/1979
Occupation	OUTDOOR
Date Of Driving Pass	03/08/2012
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81530450
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 990A JURONG WEST STREET 93 #08-761
Postcode	641990
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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 ACCIDENT STATEMENT AS ATTACHED. UNSURE THE GENDER OF THE PASSENGER IN THE OTHER VEHICLE. THERE ARE 2 PASSENGERS AND 1 DRIVER IN THE OTHER VEHICLE.

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	SFX8778P
Vehicle Make/Model/Colour	MERCEDES / C180
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN KIAM HWEE MARIO
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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 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:

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

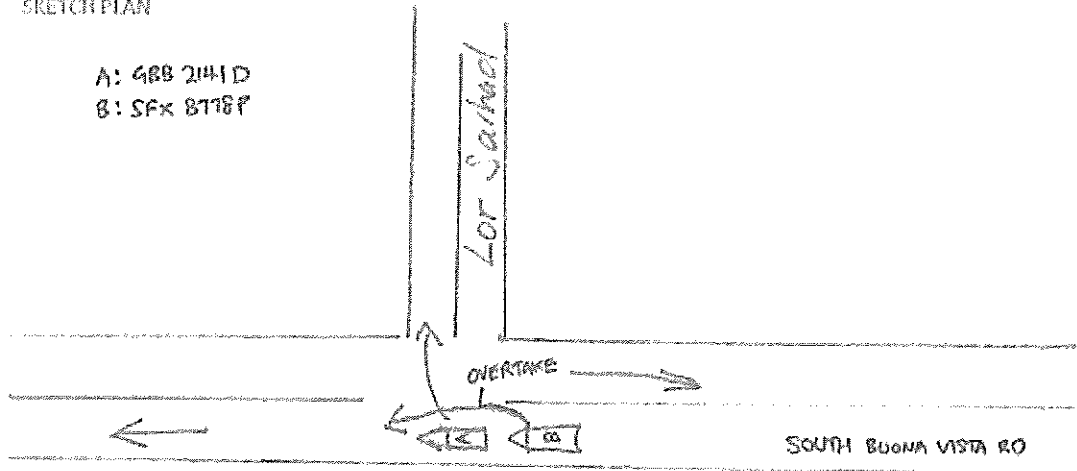
Reporting Centre Personnel's Signature
Name: **Joelle Tan**
NIC/FIN No.:

AMK Auto Point PTE LTD
19.12.2019

Sketch Plan #2

SKETCH PLAN

A: 488 2141 D
B: SFX 8778 P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14/12/2019 AT AROUND 11:10AM I WAS DRIVING SOUTH BUONA
VISTA ROAD. I SIGNALLED RIGHT GOING TO TURN INTO LORONG SAKHAD ROAD.
VEHICLE SFX 8778P DID NOT WAIT FOR ME TO TURN RIGHT BEFORE PROCEEDING
STRAIGHT, INSTEAD HE TRY TO OVERTAKE ME FROM THE RIGHT, ^{SIDE} WHICH HE IS
NOT SUPPOSE TO OVERTAKE AS THIS IS A ^{ONE} TWO LANE ONLY. THEREFORE HIS VEHICLE
COLLIDED TO THE FRONT RIGHT SIDE OF MY VEHICLE CAUSING DAMAGES. AFTER
THE COLLISION WE STOP AT LORONG SAKHAD TO EXCHANGE PARTICULARS.

DECLARATION

(We declare the facts and particulars are true in every respect.)

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
(Name): JUELLE TAN
AME Autopoint Pte Ltd
17.12.2019