

### 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	27/12/2019 17:09
Date Of Accident	24/12/2019 13:00
Exact Location Of Accident	ARAB STREET TWDS BEACH ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE1071G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMED ASHRAF BIN MAJID ZINNA
NRIC No	S9133119E
Email Address	ASHRAFMAJID23@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98215784
Alternative Phone No	OTHERS-98215784
<b>Vehicle Particulars</b>	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108283731
Cover Note Number	21/03/2019 - 20/03/2020
<b>Driver</b>	
Name of Driver	MOHAMMED ASHRAF BIN MAJID ZINNA
NRIC No	S9133119E
Date Of Birth	23/09/1991
Occupation	INDOOR
Date Of Driving Pass	13/08/2010
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98215784
Fax Number	
Contact Number	OTHERS-98215784
Email Address	ASHRAFMAJID23@GMAIL.COM

Address	BLK 664 WOODLANDS RING ROAD #10-198
Postcode	730664
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	SIDE SWIPE
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)	2
Passenger 1	NAME: : SPOUSE GENDER: : FEMALE

#### 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

MY VEHICLE WAS INTENDING TO TURN LEFT FROM ARAB STREET INTO BEACH ROAD. AFTER I CHECKED FOR MAIN TRAFFIC CLEARANCE AND BEFORE I COULD MOVE OFF, I FELT AN IMPACT ON MY VEHICLE FRONT LEFT PORTION. VEHICLE B HAD REVERSED BACKWARD FROM HIS PARALLEL CARPARK LOT ALONG THE LEFTMOST LANE OF BEACH ROAD. I AM LATE FOR REPORTING AS I WAS AWAITING FOR COMFORT TAXI REPLY VIA EMAIL. NO ONE WAS INJURED.

#### 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	SHB4175Y
Vehicle Make/Model/Colour	TAXI
Details Of Properties	REAR PORTION
Vehicle Category	TAXI
Name of Driver	WONG CHEE WING
NRIC/Passport Number	S1676829D
Contact Number	82900685
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

# Sketch Plan Pg. 1

NRIC Income Motor Service Centre

Report No: M1

DOA

Vehicle No:

Make Model:

Report Date: 27/12/2019 Start Time: 3:19 PM

Reporting Type:

End Time:

## SKETCH PLAN

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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.
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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

Policyholder's Signature  
Date & Time:

27/12/2019 17:18

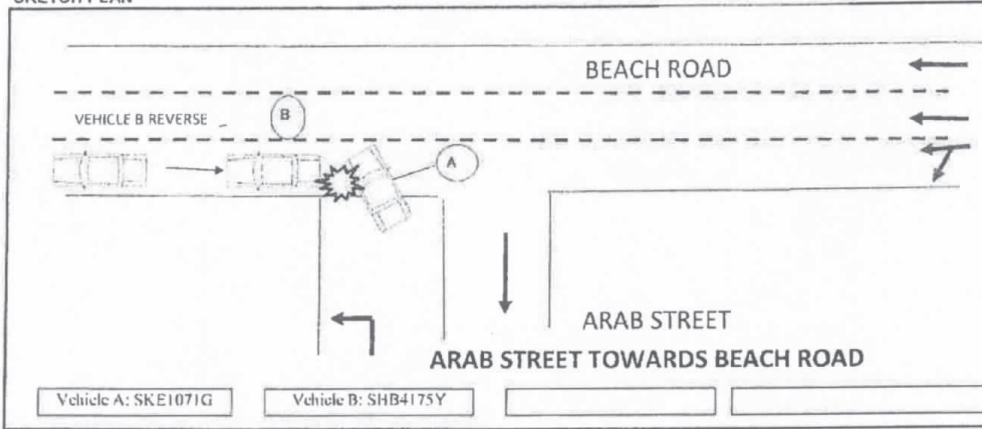
Driver's Signature (if driver is not the policyholder)  
Date & Time:

27/12/2019 17:18

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765

# Sketch Plan Pg. 2

## SKETCH PLAN




MY VEHICLE WAS INTENDING TO TURN LEFT FROM ARAB STREET INTO BEACH ROAD. AFTER I CHECKED FOR MAIN TRAFFIC CLEARANCE AND BEFORE I COULD MOVE OFF, I FELT AN IMPACT ON MY VEHICLE FRONT LEFT PORTION. VEHICLE B HAD REVERSED BACKWARD FROM HIS PARALLEL CARPARK LOT ALONG THE LEFTMOST LANE OF BEACH ROAD. I AM LATE FOR REPORTING AS I WAS AWAITING FOR COMFORT TAXI REPLY VIA EMAIL. NO ONE WAS INJURED.

## DECLARATION

We declare the foregoing particulars are true in every respect.

  
 27/12/2019 17:18  
 Policyholder's Signature  
 Date & Time:

  
 27/12/2019 17:18  
 Driver's Signature (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name: Chen JunLiang  
 NRIC/ Fin No: S990765