

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	30/01/2020 14:57
Date Of Accident	24/01/2020 10:50
Exact Location Of Accident	ALONG YISHUN AVE 1 TOWARDS YISHUN AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF3150U
Insured/Policyholder	
Name Of Registered Owner	N KUNALAN S/O M NAGAMUTHU
NRIC No	SXXXX614H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94554115
Alternative Phone No	OTHERS-92727429

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
Exact Purpose for which vehicle was being used at time of accident	
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10268108R00
Cover Note Number	

Driver

Name of Driver	KOMATHI D/O N KUNALAN
NRIC No	SXXXX989E
Date Of Birth	19/06/1992
Occupation	INDOOR
Date Of Driving Pass	07/12/2010
Driving Experience	9 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-92727429
Fax Number	
Contact Number	
EEmail Address	MATHI_1906@HOTMAIL.COM

Address	APT BLK 227 YISHUN STREET 21 #11-516
Postcode	760227
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 - HEAD ON COLLISION
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?	
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: : CHILD GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4602L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ABDUL RAHIM BIN MALEK
NRIC/Passport Number	SXXXX647Z
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:

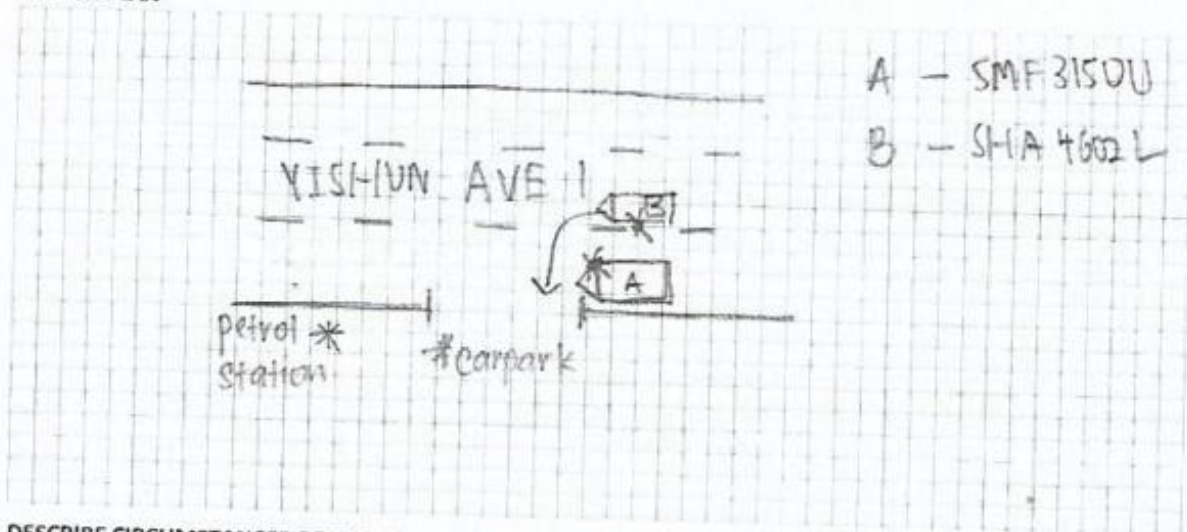
Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/11/2020
3:30 pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in the queue to the petrol station & found that the queue was rather long & led up to the entrance of the carpark so I had to wait to join the queue before the carpark entrance on my left. As I was moving towards the queue towards petrol station, a taxi entering the carpark hit the right front side of my car. I could not stop in time as it happened too fast. I had the right of way and I was not moving fast or abruptly as I just began to take off the car to get to the other side of the carpark.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/1/2020
3:30 pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



[Signature]

Police Report

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Komathi D/O N Kunalan (h/p: 92727429)

NRIC/FIN: S9221989E of Blk 227 Yishun St 21 #11-516 has reported to the Police a non-injury traffic accident

which occurred at Along Yishun Ave 1 towards Yishun Ave 6 before Sinopec Petrol Station

on 24/01/2020 at 10:53 am/pm involving the following vehicles:

1. SMF3150U (Hyundai Elantra Black colour (Personal vehicle))
Damage to the righ front bumper and headlight
Two passengers in the vehicles. No injury to all
2. SHA4602L (Taxi COMFORT Delgro)
Slight damage at the left side of the taxi
No injury
Name: Abdul Rahim Bin Malek
NRIC No: S0216647Z
Address: Blk 554 Woodlands Dr 53 #01-11

3. If this accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Muhd Noor Hairi

Date: 24/01/2020 Time: 1145hrs

S/D Ref: 56

Police Post/Unit: Yishun North NPC

Original – to be issued to informant

Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

YISHUN NORTH NPC
31 YISHUN STREET
SINGAPORE 768007
TEL: 6752 5000
FAX: 6752 2280

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Identification Card

