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Owner / Driver: (Tel:		,	-
	od: ()	Cover Type: (
2 2 11 1		Date:	Time:	90 1009/1	1	
Insured/Driver Liability: (%) [N			%; P: 21-79%. F:	20-10070]	1000000	
Year of Registration: () W	attuney.)/NO()			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 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.

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

pinelage participation of the second	ACCIDENT STATEMENT
Date Of Report	11/02/2020 11:40
	31/01/2020 12:00
xact Location Of Accident	BALESTIER RD BEFORE CTE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
/ehicle Registration Number	SJR7908Y
nsured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	5XXXX500X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88669174
Alternative Phone No	OFFICE-88669174
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5114368352
Cover Note Number	
Driver	

MUHAMMAD AMIN BIN ALI Name of Driver

SXXXX990E NRIC No 13/09/1984 Date Of Birth OUTDOOR Occupation 05/12/2006 Date Of Driving Pass

13 YEARS AND 1 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-81177874 Mobile Number

Fax Number

OFFICE-81177874 Contact Number

NOEMAIL **EMail Address**

Address

BLK 665A PUNGGOL DRIVE

#08-514

Postcode

821665

Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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 TO REAR

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

NO

Was any body injured in the Accident?

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)

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:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMD716T

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The 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.
- 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:

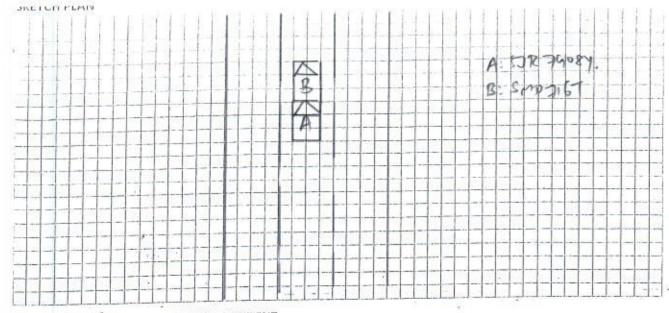
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all 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:
 - 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:
 - 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.

E (10 mos) (10 mos

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 .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

REG NO 53333500X

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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE.
SUDDENLY VEHICLE B JAMMED BRAKE. I COULDN'T BRAKE MY VEHICLE IN
TIME AND HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

ACCIDENT DATE: () (DD	/MM/YYYY), TIME:(17 :00 ·)(HH:MM
LOCATION: Bulestion Rd before	CTE /
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SJR 79	084
b)INSURANCE COMPANY: NTU	
dipolicy type: /company	
GIMAKE & MODEL:	THIRD PARTY / THIRD PARTY FIRE &THEFT)
9/ LINCLE CATEGORY: (PRIVATE / CO	OMMERCIAL / MOTORCYCLE / OTHERS)
TIFURPOSE OF USING AT ACCIDENT	TIME: La Oficaca
JARE YOU CLAIMING UNDER YOUR C	WN INCLIB ANCE THE WIRL
IF NO, FLEASE STATE (THIRD PARTY C	LAIM / REPORTING ONLY)
2. INSURED / FOLICY HOLDER	Onto Streng
AINAME: TW Auto mobile.	(MALE / FEMALE)
b)NRIC/FIN/PASSPORT:	CONTACT: 88669174.
c)ADDRESS:	
* 00 15 11 15	
* CONTINUE TO 3.d IF DRIVER ALSO PO	
Cinduding dia 3	in At (MASSE (FEMALE)
(1) b)NRIC/FIN/PASSPORT: S847699	CONTACT: 6177874
c)ADDRESS:	CONTACT. 411 7 70 74.
196 950 470 7000 8000 1	
*d)DATE OF BIRTH: (13 / 9 / 1964	(-)(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR	R)
f) YEARS OF DRIVING EXPRERIENCE:	
4. WAS DRIVER AN EMPLOYEE OF THE	INSURED'S COMPANY? (YES / NO)
I NO, RELATIONSHIP OF THE DRIV	FR WITH INCLIDED. HOU
J. GIWEATHER CONDITION: (CLEAR / RAIL	NING / OTHERS
b) ROAD SURFACE: (DRY / WET OTHER	28
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NOT-	
IF YES, PLEASE STATE WHICH POLICE S	TATION:
Me of passenger a) VEHICLE NUMBER: MO 716	
No of passenger a) VEHICLE NUMBER: MD716	MODEL:
Including driver) b) DRIVER'S NAME:	
(_) NRIC/FIN/PASSPORT:	CONTACT:
No of passenger a) VEHICLE NUMBER:	MODEL:
Ind. I. O DRIVER S NAME.	90 - 411545
(_) NRIC/FIN/PASSPORT:	CONTACT;:
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	Vehicle	No.(For Motor)	SJR790	SJR7908Y		Certificate Number		[
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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	PLEET MASTER INSURANCE	Cover Type	drive CLASSIC	Loading		0				
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ident Location	NA									
Total Excess Applicable										
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ess type	THE COLUMN									
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Registered	No		GST Registration Date							
Registration No.			GST Status Verified		Yes					
ification History										
Policyholder Mailing Ad	dress									
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