

# ACCIDENT STATEMENT

ACCIDENT DATE: 08 / 02 / 2020 (DD/MM/YYYY), TIME: 19 : 47 (HH:MM)

LOCATION: Along Vishnu Ring Rd.

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGV9134P  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5080206467-03  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) TOYOTA VIOS  
 e) MAKE & MODEL: TOYOTA VIOS  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) Private  
 h) PURPOSE OF USING AT ACCIDENT TIME: Private  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: ALNH SERVICES (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Lim Ngee Huat (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S16754877 CONTACT: 9450 1861  
 c) ADDRESS: 952 Haugang Ave 9, #10-698 S(530952)

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: \_\_\_\_\_

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) owner  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

6. WAS ANYBODY INJURED (YES / NO) \_\_\_\_\_

7. a) REPORTED TO POLICE (YES / NO) \_\_\_\_\_

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SGV9426Y MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: YN3905A MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
(1)

\* No of passenger  
 (including driver)  
(0)

\* No of passenger  
 (including driver)  
(01) male

email =

fax =

## SKETCH PLAN

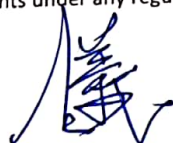
### IMPORTANT NOTICE

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 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. 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.
7. 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:
  - (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.

ALNH  
SERVICES



Policyholder's Signature  
Date & Time:

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

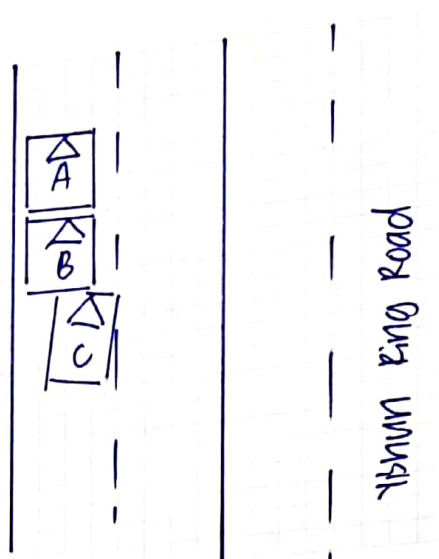
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# SKETCH PLAN

Vehicle A: SGV9134P

Vehicle B: SGV9426Y

Vehicle C: YN3905A.



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date & time, I, Vehicle A, SGV9134P, was parked stationary on the stated venue. I was then informed that my vehicle was involved in a chain collision of 3 vehicles.

## DECLARATION

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

ALNH SERVICES

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

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

Policyholder's Signature  
Date & Time:

GLARMC Sketch Platform V3