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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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.
- 5. Any false reporting may be referred to the Police for Investigation.
- 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.
- 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.

aforesaid.	
ACCUMENTATION OF THE STREET	ACCIDENT STATEMENT
Date Of Report	09/03/2020 12:06
Date Of Accident	07/03/2020 09:20
Exact Location Of Accident	SECOND LINK CHECKPOINT TWDS JB
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT8308Y
Insured/Policyholder	
Name Of Registered Owner	ABDUL RASHID
NRIC No	SXXXX810F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96935883
Alternative Phone No	OTHERS-90466807
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	VERNA
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059231574-06
Cover Note Number	
Driver	
Name of Driver	ABDUL RASHID
NRIC No	SXXXX810F
Date Of Birth	09/08/1953
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1980
Driving Experience	39 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96935883
Fax Number	
Contact Number	OTHERS-90466807
EMail Address	NOEMAIL

BLK 719 PASIR RIS ST 72 #02-91 Address

510719 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 2

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 : AESAH NAME:

GENDER: : FEMALE

2

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING AT THE SECOND LINK CHECKPOINT, BEFORE ENTER TO THE CHECK POINT, I SLOW DOWN AND STOP MY VEH FOR TEMPERATURE CHECKING, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJJ3255R Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.

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 A = SGT 8308 Y Checkpoint DESCRIBE CIRCUMSTANCES OF THE ACCIDENT statement Refer +0 DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Policyholder's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

GIARMC SketchPlanForm_V3.

Date & Time:

Name:

NRIC/FIN No.:

eBao Tech										GeneralClaim		
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My Desktop	Polic	cy Query										
	Policy N	lo.				Date	of Accident		07/03/2020	12:05		
	Vehicle	Vehicle No.(For Motor)		SGT8308Y		Certificate Number						
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
	0	5059231574- 06		ABDUL RASHID	S0093810F	GPC	Third Party, Fire & Theft	SGT8308Y	SGT8308Y	25/04/2019	24/04/2020	
		411.01				Continue	1					

Claim Handling									
Accident MT/1087408	5059231574-06		Vehicle No.	SGT8308Y		GST Registration No			
Policy No. Certificate No.	2023531214-00		10-10-10-10-10-10-10-10-10-10-10-10-10-1	3010340		•			
Policyholder Name	ABDUL RASHID					Policyholder NRIC		S0093810F	
Product Code	PRIVATE CAR INSURAN	NCE.	Cover Type	Third Party, Fire 8	s Theft	Loading		0	
Contact No.(Mobile)	90466807	Plants	Contact No.(Office)	Charles and Control		Contact No.(Home)			
Email Address	3440000		Special Remark			eCode		No *	
KFK	No Yes		TCA	No ○ Yes		eCode Reason			
NCO Protection	Yes		NCD Entitlement(%)	50		Private Hire		No	
▼ Accident Details	100		0.00.0000000000000000000000000000000000						
Report Date	09/03/2020 13:28		Accident Report Within 24 hrs	Yes		Accident Type		Callision - He	ead to Rear
Date of Accident	07/03/2020		Time of Accident hh:mm	09:20		Country of Accident		Outside Sing	apore
Reporting Centre	*************		Orange Force			ICM No.			
Accident Location	SECOND LINK CHECKE	POINT TWDS 3B							
♥ Total Excess Applicable									
Excess Type	Per Accident		Windscreen Excess		0.00				
OD Standard Excess		0.00	TP Standard Excess		0.00				
YTED OD Excess		0.00	YIED TP Excess		0.00	Driver is Covered?		Covered	
Additional Excess									
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0,00				
▽ Benefits									
	ion								
GST Registered	No			10 10 mm 10 00 00 00 00 00 00 00 00 00 00 00 00	distration Date tus Verified	Yes			
GST Registration No.				GST Stat	ius vermed	ites			
Modification History									
Policyholder Mailing Add	ress								
Address 1	BLK 719 #02-91		Address 2	PASIA RIS STREE	ET 72	Address 3		SINGAPORE	510719
Address 4	BCX 719 #02-51		Address Type	Singapore addres		Post Code		510719	
Unit No.			Related Policy Number	5059231574-06					
♥ OI Driver Info			110000000000000000000000000000000000000						
Driver Name	ABDUL RASHID		Driver Type	Main Driver					
Unnamed driver Name			Driver NRIC	S0093810F		Driver DOB		09/08/1953	
Register Date of Driver License	01/01/2002		Driver Age	66		Driving Experience		18	
Contact No.(Mobile)	90466807		Contact No.(Office)			Contact No.(Home)			
Address 1	BLK 719 #02-91		Address 2	PASER RIS STREET	ET 72	Address 3		SINGAPORE	510719
Address 4			Address Type	Singapore address	es	Post Code		510719	
Unit No.									
Does he own a Singapore Registered car?	⊖ Yes <u>*</u> No		Driver Vehicle No.			Driver Insurer Com	yeary		
Declaration									
Breathalyser or Blood Test	-		Ann Internal	⊕ Yes w No					
Reading?	0 mg		Any injury?	G tes & no					
Modification History									
MARKET SERVICES									
Claim 001 New									
Claim Type *					OD-MX	* Incured ASDUL	RASHID	NR)	IC Sons
					96935883	Contact No. 658438	16	Cor No.	ntact
Contact No.(Mobile)					90333883	(Home)		(04	ffice)
Email Address						OI Velvicie SGT830	BY		Nicle 51132
arcontorpolitica						Number	505		me of
Claim Description					SGT8308Y / SJJ3255R O	IN 7 Mar 2020		Pre	eferred erkahop
Freferred		ad Database T							
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Finalisation Yes Date Registered	Option	Preferred Workshop, Inc	ame unknown report		09/03/2020 13:30	Claim		Dat	ceived 09/0:
Care Register 60						Date		4.70	
Report Taken By					LIEW SHAN HUI				
Print AK letter									
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15 B									
Attachment									
7									
Accident No.	MT/1087408		Claim No.		001				
Last Doc, Received	₩ Yes □ No		Upload Date		09/03/2020 13:30				
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Message Read									11.5
▼ Attachment List									

Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date		File Name		Y	Source	
♥ Video List						9		
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Attachment	Uploade	ed By/Date	Category	?	Urgency	Descrip	tion	8
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