

## 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	02/04/2020 12:50
Date Of Accident	01/04/2020 11:30
Exact Location Of Accident	UPPER SERANGOON ROAD TO PIE (TUAS) JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8867Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VASU BABU
NRIC No	GXXXX310R
Email Address	VASU.BABU45@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91017660
Alternative Phone No	OTHERS-91017660

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5114703066
Cover Note Number	

### Driver

Name of Driver	VASU BABU
NRIC No	GXXXX310R
Date Of Birth	02/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	10/07/2009
Driving Experience	10 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91017660
Fax Number	
Contact Number	OTHERS-91017660
Email Address	VASU.BABU45@GMAIL.COM

Address	BLK 946 JURONG WEST STREET 91 #04-161
Postcode	640946
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	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : SIM HOCK HENG GENDER: : MALE
Passenger 2	NAME: : MUTHU KANNAN GENDER: : MALE

#### 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 ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY(S)

Vehicle Registration Number	SHC2271K
Vehicle Make/Model/Colour	
Details Of Properties	RIGHT SIDE
Vehicle Category	TAXI
Name of Driver	TAN TZER KEH
NRIC/Passport Number	SXXXX254A
Contact Number	96239860
Address	

## Sketch Plan

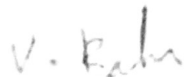
### SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

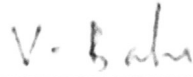
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 2/9/2020

11:30 am



Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/9/2020

11:30 am



Reporting Centre Personnel's Signature

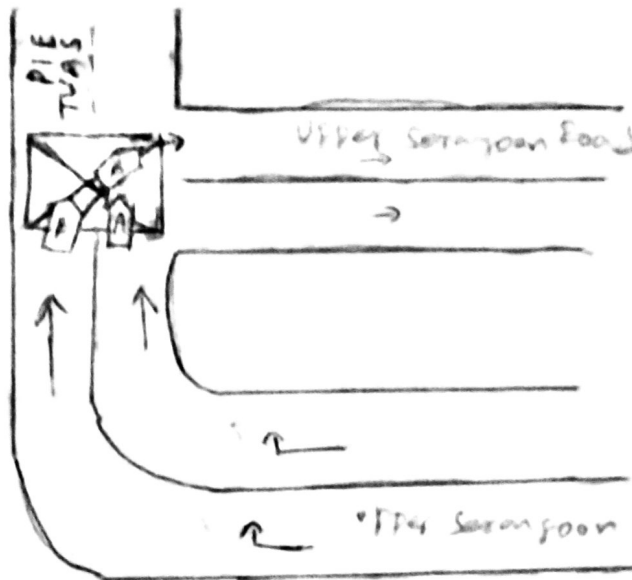
Name

NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

- ① SKB 88674
- ② SHC 2271K



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Upper Serangoon to PIE Tug  
 I am in the first lane, my lane can turn right  
 to upper serangoon or can go straight. on lane  
 2 there is a comfort deluxe taxi he only can go  
 straight. But due to some reason he turn  
 right to upper serangoon, and knock my car  
 front right hand side. I stop the vehicle  
 immediately and exchange particulars. He willing  
 to go for private settlement but the cost  
 given by the workshop is higher so he ask me  
 to claim from his insurance.

## DECLARATION

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

V. Balm  
 Policyholder's Signature  
 Date & Time 2/4/2020  
 11:35 am.

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time.

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