

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	11/06/2020 10:52
Date Of Accident	10/06/2020 11:25
Exact Location Of Accident	FILTER LANE TO BKE (KJE/ PIE) FROM SLE (BKE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ2744Y
Insured/Policyholder	
Name Of Registered Owner	WOODLANDS 11 CAR RENTAL
Co Reg No	5XXXX415J
Email Address	WOODLANDS11CARRENTAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92209467
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK 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	COMMERCIAL VEHICLE

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	VFX/P2384206
Cover Note Number	

Driver

Name of Driver	KUMARAN S/O TAMIL SELVAN
NRIC No	SXXXX533C
Date Of Birth	11/01/1997
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2018
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90071351
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 315 SERANGOON AVE 3 #03-216
Postcode	550315
Was driver an employee of the Insured's Company	NO
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
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)	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

Report please 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	SFA4821U
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)	

SKETCH PLAN

I understand, acknowledge, agree and consent that:

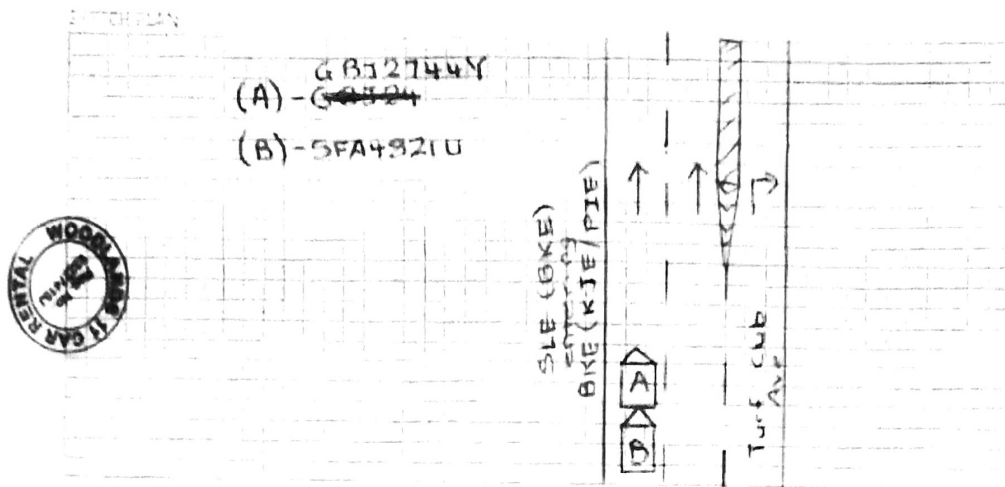
- (g) My insurer, my workhop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 my 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 connection with processing, handling and dealing with my claims.
- (h) I agree that I shall have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may, for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
- (i) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
- (j) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
- (k) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
- (l) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
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- (u) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
- (v) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
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- (y) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or
- (z) my Personal Information to the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) stated in (g) above and in connection with the processing of my claims, disclose, transfer and/or



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

Reporting Centre Periodic Literature
Name *Kanree*
NRIC FIN NO

Sketch Plan #2



On the 10/06/2020 @ about 11.25a.m, at along entrance to BKE (KJE/PIE) from SLE(BKE). I was travelling along the extreme left lane of the above mentioned expressway. The vehicle in front of me slowed down and stopped due to heavy traffic, hence I followed suit. Suddenly, I felt a huge impact from behind, and when I alighted, I realised it was vehicle (B), who hit into the rear portion of my Vehicle (A), causing damages to my Vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION



Full Name (Print Name)
Date & Time

[Signature]
Driver's Name (Print Name)
(If not, send the traffic holder)
Date & Time

[Signature]
Respondent's Name (Print Name)
Date & Time
17/8/2020