

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	17/07/2020 17:55
Date Of Accident	16/07/2020 08:10
Exact Location Of Accident	PIE (TUAS) AFTER PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH953D
Insured/Policyholder	
Name Of Registered Owner	ROW NATHAN JOHN
NRIC No	GXXXX073P
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98343570
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 1.5X CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5106811880-01
Cover Note Number	

Driver

Name of Driver	ROW MELANIE LYNDA
NRIC No	GXXXX845N
Date Of Birth	19/08/1977
Occupation	INDOOR
Date Of Driving Pass	04/02/2020
Driving Experience	0 YEAR AND 5 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98343570
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	60 JALAN LIMAU PURUT
Postcode	468234
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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)	2
Passenger 1	NAME: : JAMES ROW 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 TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP1417Z
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)	2

Accident 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
Name & Title:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/7/20

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

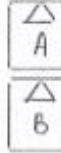
Accident Sketch Plan

SKETCH PLAN

Vehicle A: SMH953D

Vehicle B: SLP1417Z

PIE(TUAS), other Penda Lebar



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated date & time, I, vehicle 'A', SMH953D, was travelling along lane 1 of PIE (TUAS). After the exit to Penda Lebar, front vehicle made an abrupt stop, and I applied my brakes immediately. About 2-3 seconds later, vehicle 'B', SLP1417Z, hit onto my stationary vehicle's rear portion.

MY passenger: JAMES ROW (PA9409836) (938166502)

DECLARATION

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

Policyholder's Signature
(Date & Time)

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/7/20

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

Identification Card

 **EMPLOYMENT PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
RESMED ASIA PTE. LTD.

 Name
ROW NATHAN JOHN

FIN
G3809073P

 **K0918189**

Identification Card

VISIT PASS
Immigration Regulations

01-11-2018

Name
ROW NATHAN JOHN

FIN
G3809073P

Date of Birth
10-10-1974

Sex
M

Nationality
AUSTRALIAN

Download SGWorkPass
App to check status



**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Driving License

REPUBLIC OF SINGAPORE

Licence Number **G3817845N**

ROW MELANIE LYNDIA

Birth Date: **19 Aug 1977**
Issue Date: **04 Feb 2020**
Valid till **03/02/2025**

000019440

REPUBLIC OF SINGAPORE

FIN **G3817845N**

ROW MELANIE LYNDIA

Date of Birth: **19/08/1977** Sex: **F**

Nationality: **AUSTRALIAN**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		EFFECTIVE DATE
Class 2D	Motorcycles up to 200 cc	04 Feb 2020
Class 3	Motor cars with unladen weight up to 2000kg with up to 7 passengers, inclusive of driver; and other motor vehicles with unladen weight up to 2500kg	04 Feb 2020

MP 020A

GAE676365



See Serial A

DEPENDANT'S PASS

Immigration Regulations

Download SGWordPass App to check status

FIN **G3817845N**

1538420

Valid until 03/02/2025. For more details, visit <https://www.ica.gov.sg/immigration>

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



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