

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	18/07/2020 10:16
Date Of Accident	16/07/2020 13:20
Exact Location Of Accident	BLOCK 1006 EUNOS AVENUE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4121Z
Insured/Policyholder	
Name Of Registered Owner	EURO INDUSTRIES (PTE.) LTD.
Co Reg No	2XXXXX366C
Email Address	KARIM80011@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83882013
Alternative Phone No	OFFICE-84513513

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	5108471820-01
Cover Note Number	

Driver

Name of Driver	KARIM PIYEL MD REJAUL
NRIC No	GXXXX945T
Date Of Birth	12/01/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2014
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83882013
Fax Number	
Contact Number	OTHERS-84513513
Email Address	KARIM80011@GMAIL.COM

Address	2 TUAS AVENUE 13
Postcode	638974
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	SIDE SWIPE
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

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	SCG3767D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90602737
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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
Date & Time: 17/7/2020
8 pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 17.07.2020
7 pm


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

Accident Sketch Plan

SKETCH PLAN

BK 1006 FANOR AVE 7.

A) GX 4121Z

B) SCG 3767D.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


While I'm driving my car suddenly I was hit by the front bumper. he was in the wrong and we want to claim against his insurance policy. we are in the right of the way.

DECLARATION

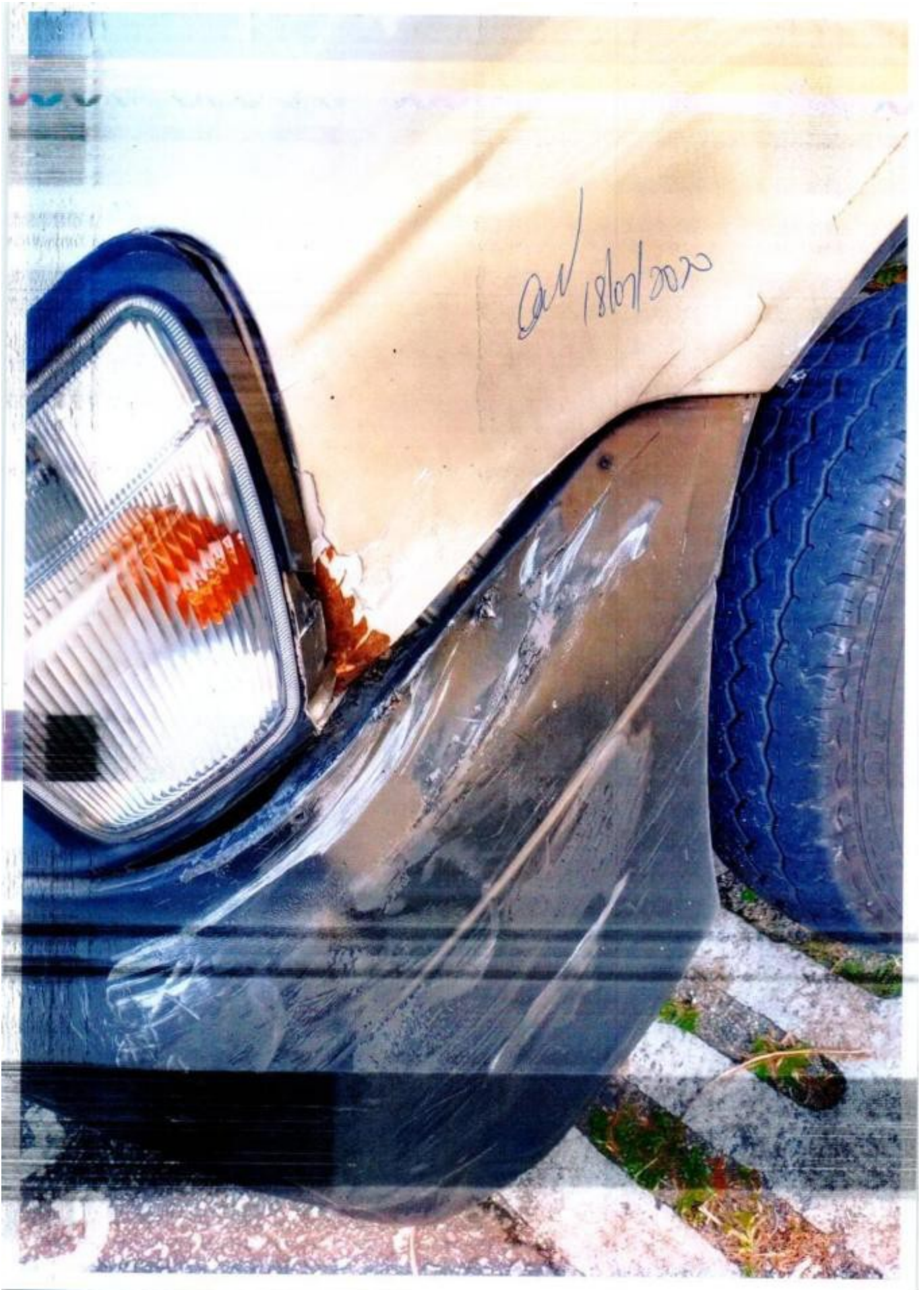
I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 12/7/2020
 8pm

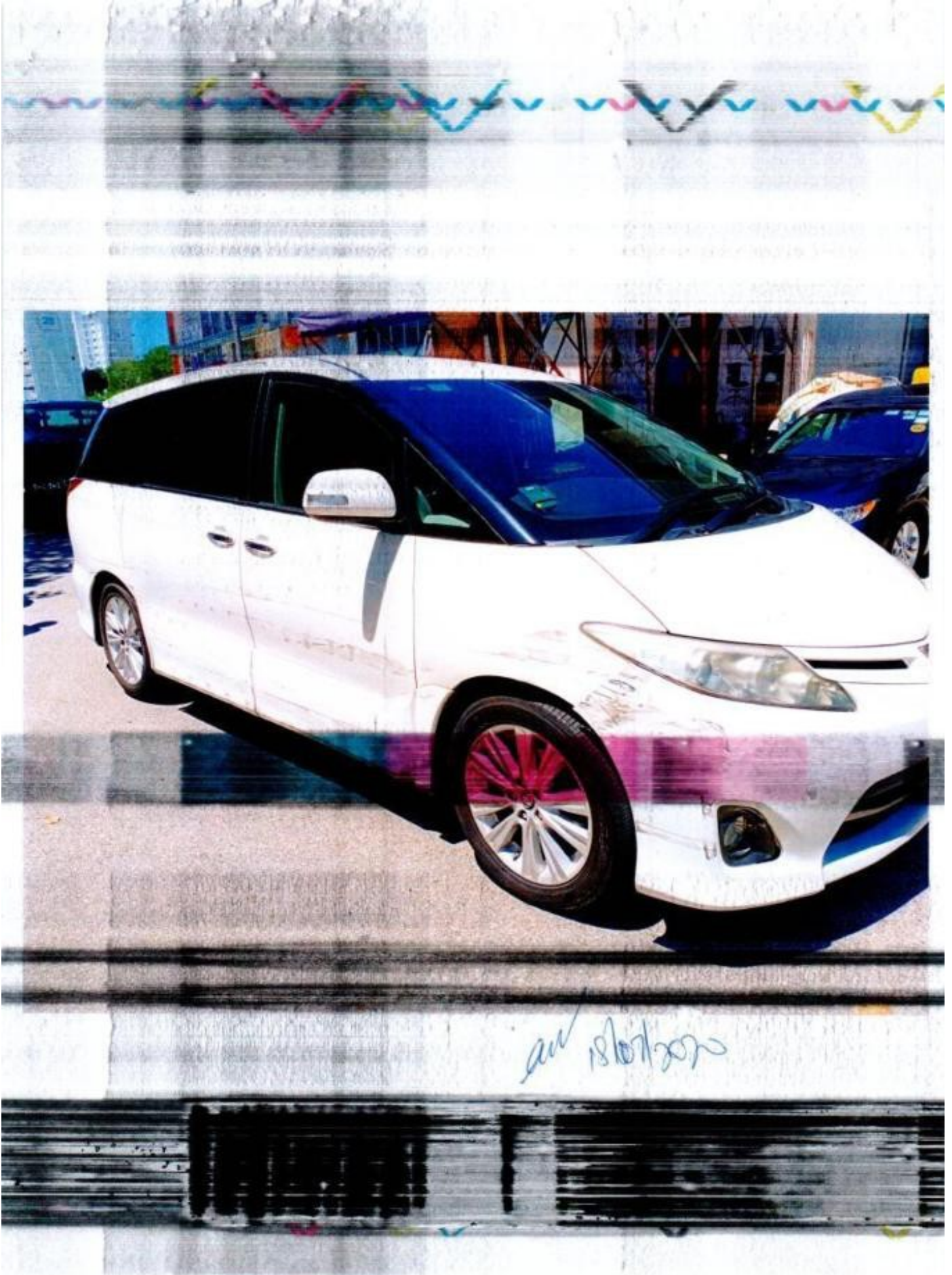
Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

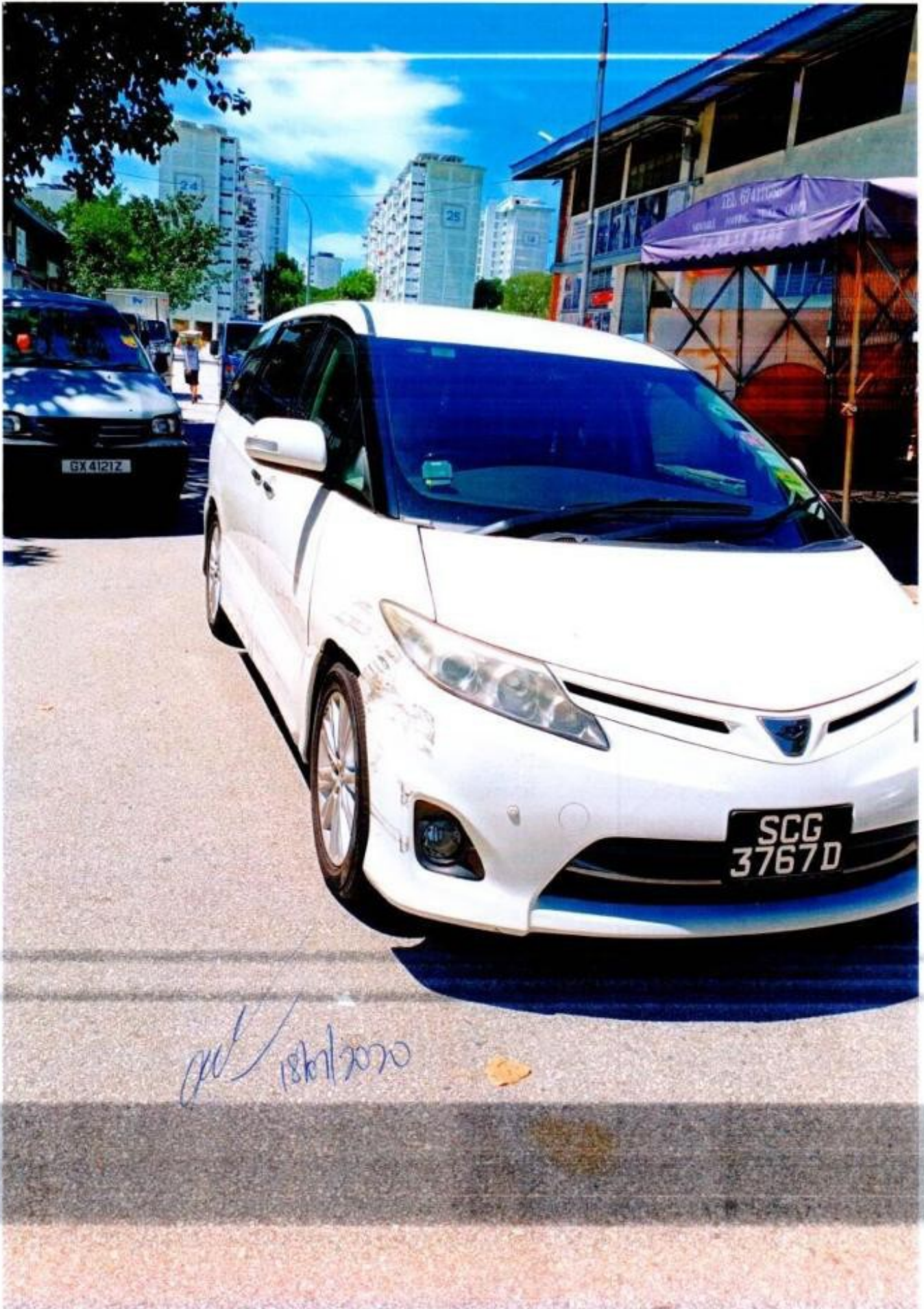
Accident Photo

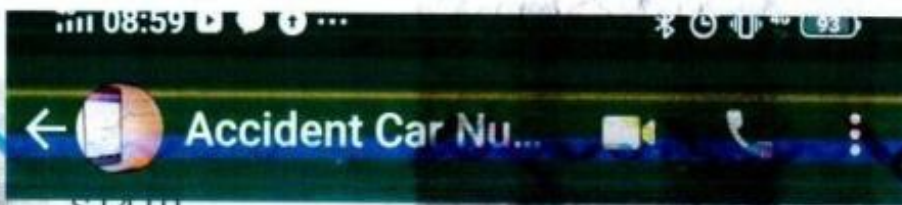


Accident Photo



Accident Photo





\$1410

If you can settle this amount before 10am then I dun go report. Otherwise we all just go report.

I see your boss has no interest to private settle, so just report. You dun need to pay money.

Thank you.

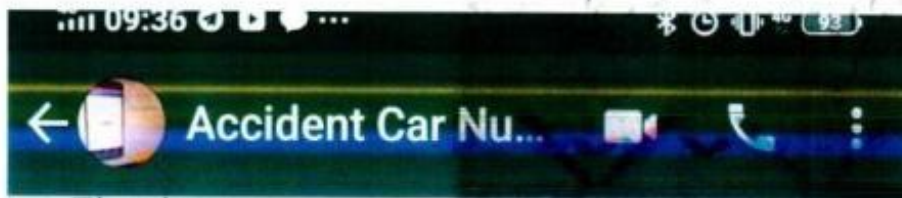
Boss Good morning.

Boss you told me your car got camera, kindly you send me that happened before and after short Video, I want check one time to confirm that actually who's fault for this accident. Because I have so many time remind that this is not my mistake couse that time just i moving forward unfortunately you hit may car.

Kindly send me that video clip it will become very easy for us make good communication and sttel all this problem otherwise I will not pay you one dollar also.

and 1st 2020

Thank you.



Thank you.

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Thank you.

08:59 ✓✓

2 UNREAD MESSAGES

Never mind bro. Let's go report. Is a waste of time. I will go n make report later. You also go make report too. Thank you.

OK. So pls dun come

Car 18/07/2020



Type a message



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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