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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	23/09/2020 15:01
Date Of Accident	22/09/2020 17:30
Exact Location Of Accident	COLLEGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV8802D
Insured/Policyholder	
Name Of Registered Owner	SHL MOTOR PTE LTD
Co Reg No	2XXXXX814M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS 1.5E A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5109792828-01
Cover Note Number	
Driver	

Name of Driver MOHAMMED BIN ADAM

NRIC No SXXXX955H
Date Of Birth 01/12/1965
Occupation OUTDOOR
Date Of Driving Pass 16/09/1985

Driving Experience 35 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97769535

Fax Number

Contact Number OFFICE-97769535

EMail Address NOEMAIL

BLK 482 ADMIRALTY LINK Address

#16-07

Postcode 750482

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

SIDE SWIPE Type Of Accident 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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station Police Station Name

SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

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

Vehicle Make/Model/Colour

FBM8220L

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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 Signal Name:

NRIC/FIN No.:

Accident Sketch Plan SKETCH PLAN 4: Slav88 63 D. B: FBM 8 220L. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to police report DECLARATION I/We declare the focusing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Person 's Signature Date & Time: (if driver is not the policyholder) Name: NRIC/FIN No.: Date & Time:

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that Mohammed Bin Adam, S1720955H, HP: 97769535 has reported to the Police a non-injury traffic accident which occurred at College Rd on 22/09/2020 at 1730hrs.

Involving the following vehicles:

- SKV8802D (complainant's vehicle, Toyota Vios, orange colour)
- FBM8220L (Yamaha, Rider: Syed Mohammed Farique Feshal Bin Syed Salim Alattas, S8341112J, HP: 96262684)
- Complainant was driving along College Rd when he wanted to turn right to the college of medicine building. When complainant was turning right, out of a sudden the motorcycle FBM8220L had hit onto the right side of complainant's vehicle. Complainant's vehicle suffered some scratches at the front right side of his vehicle. There were no injuries at the moment and the other party had walked to the hospital to see the doctor however complainant does not know the outcome.
- 2 This accident was reported to the Police within 24 hours of its occurrence,

Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt Haziq Hamizi

Date: 22/09/2020 Time:2146

S/D Ref: 86

Police Post/Unit: Sembawang Neighbourhood Police Centre

Original – to be issued to informant Duplicate – to be submitted to Truffic Police Eldichede en

ASSESSMENT NO.

Singapore 757833

Tel: 1080-55-10099 Fex: 68522-199

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