

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 | 12/11/2020 10:38 |
| Date Of Accident | 28/10/2020 21:50 |
| Exact Location Of Accident | T-JUNCTION OF SENGKANG EAST AVE & SENGKENG EASTWAY |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SMC5724S |
| Insured/Policyholder | |
| Name Of Registered Owner | BIBAH BINTE YOMON |
| NRIC No | SXXXX093G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-83802710 |
| Alternative Phone No | OFFICE-83802710 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | HONDA |
| Model | CIVIC-1.6 VTI (A) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING 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 HIRE |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5104924535-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | NUR EMILINAH BINTE RASHID |
| NRIC No | SXXXX995G |
| Date Of Birth | 17/02/1992 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 30/09/2010 |
| Driving Experience | 10 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-83802710 |
| Fax Number | |
| Contact Number | OFFICE-83802710 |
| EMail Address | NOEMAIL |

| | |
|---|--------------------------------|
| Address | BLK 21 EUNOS CRESCENT #02-2999 |
| Postcode | 400021 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PARENT |
| 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 ON COLLISION |
| 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? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| 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) | 4 |
| Passenger 1 | NAME: : SHIMA BINTE KAMSARI GENDER: : FEMALE |
| Passenger 2 | NAME: : NUR LISA BINTE MAWARDI GENDER: : FEMALE |
| Passenger 3 | NAME: : IZZA FIRZANA BINTI MANSOR GENDER: : FEMALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | KAMPONG UBI NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7479999 - FAX NO: 67453410 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE 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 | SLA315U |
| Vehicle Make/Model/Colour | VOLKSWAGON JETTA GP 1.4 TSI 90 |
| Details Of Properties | |

| | |
|-------------------------------------|-----------------|
| Vehicle Category | PRIVATE CAR |
| Name of Driver | AMAL BIN MAZNAN |
| NRIC/Passport Number | SXXXX161Z |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------|
| Name | NUR EMILINAH BINTE RASHID |
| Approximate Age | 28 |
| Injuries Sustain | |
| Injured person in which vehicle? | SMC5724S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | BLK 21 EUNOS CRESCENT #02-999 |
| Postcode | S400021 |

DETAILS OF INJURED PERSON 2

| | |
|---|---------------------|
| Name | SHIMA BINTE KAMSARI |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SMC5724S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

DETAILS OF INJURED PERSON 3

| | |
|---|------------------------|
| Name | NUR LIZA BINTE MAWARDI |
| Approximate Age | |
| Injuries Sustain | |
| Injured person in which vehicle? | SMC5724S |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Sketch Plan

SKETCH PLAN

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5. Any data reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the Job Records Management Centre establishing the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will be for a fee for media available upon application by interested parties.
7. By the signature of this report to the insurers, you hereby consent to the archiving of this report at the centre and to supply of the report being made available elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) understand, acknowledge, agree and consent that:
 - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") may be permitted to collect, use, disclose and/or process my personal data/ personal information not set out in this form and any other personal information provided by me or processed by my insurer (including the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in the accident (all insurers) who have insured vehicle(s) involved in the accident shall be subjectively referred to as the "Insurers", the Insurers' insurance form, the Insurers' Authority of Singapore and any relevant government agency/ authority (such as the police, for the purpose) of
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my claim;
 - (iv) carrying out and/or dealing with my instructions or responding to any requests by me;
 - (v) administering my claim, including the making of correspondence, documents, records, 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 to the external cover of my policy/ my package(s) and/or
 - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims collectively the "Purposes";
 - (b) all insurers who have insured vehicle(s) involved in the accident and the insurers' lawyers/ law firms, insurers permitted to collect, use, disclose and/or process my personal information for any or more of the above Purposes; and
 - (c) my Personal Information may/ can be disclosed by any of the insurers and/or to their third party service providers or agents (including their lawyers/ law firms), which may be used 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
 - (f) 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
 - (g) for complying with requirements under any regulations, laws or court orders.

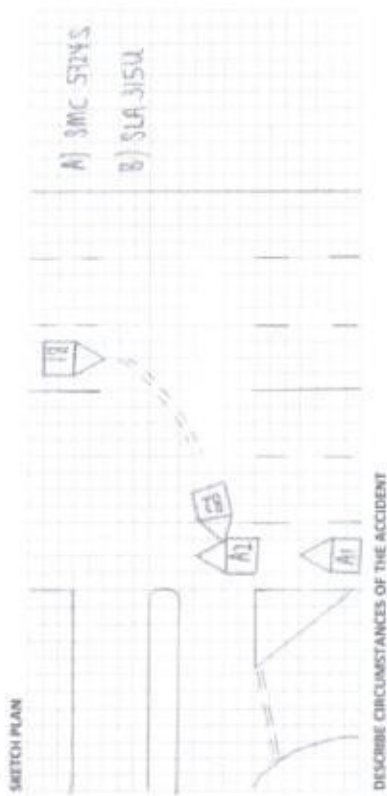
Policyholder's Signature
(Date & Time)

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

Reporting Centre Personnel's Signature
Name
NRCC/N No.



Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer to the attached Police Report No. T/20201029/2123

DECLARATION

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

Policeholder's Signature
Date & Time:

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

Reporting Centre/Underwriter's Signature
Name:
MISC./INN No.