#### 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 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 aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/11/2020 11:05
Date Of Accident	26/11/2020 20:05
Exact Location Of Accident	BUKIT BATOK CENTRAL AND BUKIT BATOK AVE 1 JUNCTION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB1989M
Insured/Policyholder	
Name Of Registered Owner	NOH BIN SALLEH
NRIC No	SXXXX201Z
Email Address	NOH.BSALLEH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97397171
Alternative Phone No	OFFICE-97397171
Vehicle Particulars	
Manufacturer	AUDI
Model	A4 SEDAN 2.0 TFSI 8W

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

23/09/1994

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number 2070113511

Cover Note Number

**Date Of Driving Pass** 

**Driver** 

Name of Driver NOH BIN SALLEH SXXXX201Z NRIC No Date Of Birth 23/08/1972 **INDOOR** Occupation

26 YEARS AND 2 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-97397171

Fax Number

Contact Number OFFICE-97397171

**EMail Address** NOH.BSALLEH@GMAIL.COM Address 56 BUKIT BATOK STREET 31

#06-17

Postcode 659445

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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**

ambulance?

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?

•

Was any injured conveyed to hospital by

NO

YES

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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**

ON 26TH NOV AROUND 8:02PM, I WAS MAKING A RIGHT TURN FROM BUKIT BATOK CENTRAL TO BUKIT BATOK AVE 1 THE TRAFFIC WAS 'GREEN' IN MY FAVOUR AND THE PEDESTRIAN LIGHT WAS RED. THERE WAS NO INCOMING TRAFFIC COMING IN THE OPPOSITE DIRECTION OF BUKIT BATOK CENTRAL. AS I WAS TURNING RIGHT, I OBSERVED A 'GRAB' CYCLIST STARTED TO CROSS THE ROAD EVEN THOUGH THE PEDESTRIAN CROSSING LIGHT WAS RED. THE CYCLIST STOPPED IN THE MIDDLE OF THE ROAD, I GUESS KNOWING THE PEDESTRIAN LIGHT WAS RED. THE FRONT CAR SMR 7015 M, SUDDENLY STOPPED THINKING THAT THE CYCLIST IS GOING TO CONTINUE TO CROSS THE ROAD. I WAS THINKING THE DRIVER OF SMR 7015 M WILL CONTINUE TO PROCEED BUT HE STOPPED HIS CAR. I THEN BUMPED INTO THE REAR OF THE CAR. NO INJURY TO ANYONE.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SMR7015M
Vehicle Make/Model/Colour AUDI/A4/BLACK

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver GALEN LIM YOONG FOO

NRIC/Passport Number SXXXX533J Contact Number 81339295

Address BLK 261 JURONG EAST ST 24

#10-475

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

600261 NTUC INCOME INSURANCE CO-OPERATIVE LTD

#### Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- The 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.
- 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 insurers) 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

27/11/2020

GIARMC SketchPlanForm\_V3

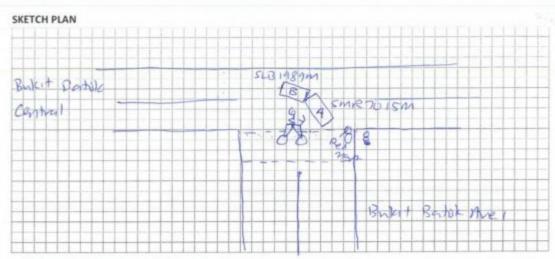
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: SHAFIFAH

NRIC/FIN No.: SXXXXXXXX



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PROCESS CONTRACTOR CON
On 26th Nov 2020 around 8102 pm, I was making a
right turn from Bukit Bestok Central to Bukit Batil Mel
The traffic was 'green' in my favour and the
pedestrian light was Red. There was no incoming
traffic coming in the apposite, direction of Brikit
Batile Central.
As I was turning night, I observed a 'Grab' cyclist
started to cross the road even though the pecestria.
light was REO. The cyclist stopped in the
Widelle of the road Tyres; knowing the pedistrian
light was RED. The Ront ray SMR 7015M,
suddenly stopped thinking that he cyclist is good
to continue to cross the rad. I was thinking
the retricte done of some 7015M Will comprise
to proceed but he shopped his car. I then
bumped into the rear of the iar. No injury to
anyone.

#### DECLARATION

Date & Time:

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

Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: SHELIFAH NRIC/FIN No.: S × × × × × × 00 | A

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