

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 Submission 23/12/2020 13:22 (SGT)
Date of Accident 22/12/2020 14:10 (SGT)
Exact Location of Accident 11 Jurong Lake Link, Singapore
Additional Location Information JURONG LAKE LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX7105R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner A K M KHORSHED ALAM
NRIC No S2618666H
Email Address KHORSHED.ALAM@THEVISWAGROUP.COM
Mobile Phone No (Phone) +65-96430147
Alternative Phone No +65-96430147

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E250
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117674740(COMP)
Cover Note Number -

DRIVER

Name of Driver A K M KHORSHED ALAM
NRIC No S2618666H
Date Of Birth 01/09/1955
Occupation Indoor

Date Of Driving Pass	30/03/1994
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96430147
Alt. Phone Number	+65-96430147
Email Address	KHORSHED.ALAM@THEVISWAGROUP.COM
Address	BLK 409 #10-915 JURONG WEST STREET 42JURONG WEST STREET 42
Address complement	-
Postcode	640409
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT ATTACHED

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	SH9020R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**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. 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.
7. 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:
 - (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.

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok St 23
 Singapore 650545
 Tel: 6567 5427 / 6569 3312
 Fax: 6569 0722
 Email: vacbb@singnet.com.sg


 Policyholder's Signature

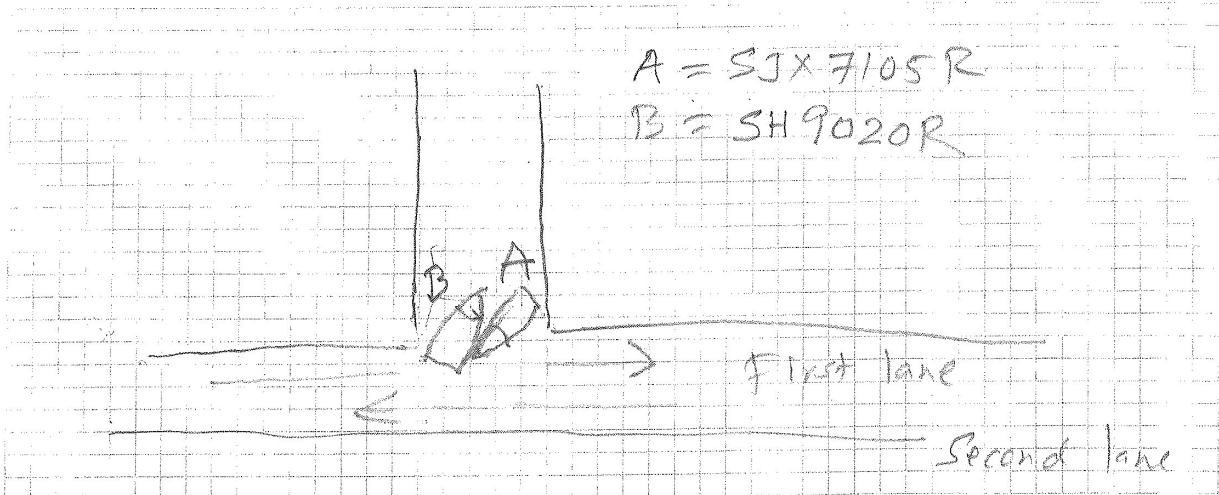
Date & Time:

23/12/2020

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

 Reporting Centre Personnel's Signature
 Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

at 14.10hrs, 'y'

On 22/12/2020, I was waiting at the junction of Jurong Lake Link and Jurong West St-41 to set into Jurong West St-41. Then I saw a taxi going straight on the second lane with no right signal. So, I started moving forward. But all on a sudden, the taxi turned back after the 'y' junction and hit my car. While trying to set into the 'y' junction. Even when the accident took place, the picture of taxi shows no right signal light. The picture of taxi turning back is also obvious from the picture taken as attached.

DECLARATION

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

Arumehoshkdsalan
23/12/2020

IDAC BUKIT BATOK (VAC)
511 Bukit Batok St 23
Singapore 659515
Tel: 6597 9427 / 6597 3312
Fax: 6599 0722
Email: vacbb@singnet.com.sg





















