

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 09/12/2020 17:01 (SGT)
Date of Accident 06/12/2020 11:15 (SGT)
Exact Location of Accident Sixth Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM7917L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HOME ESSENTIALS SINGAPORE PTE LTD
Company Reg No 1XXXXX985K
Email Address samexline@yahoo.com
Mobile Phone No (Phone) +65-94782161
Alternative Phone No +65-94782161

VEHICLE PARTICULARS

Manufacturer Honda
Model Stream
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5104138628-02
Cover Note Number -

DRIVER

Name of Driver EXLINE SAM A
Passport No/FIN FXXXX927L
Date Of Birth 30/03/1942
Occupation Indoor

Date Of Driving Pass	29/10/1997
Driving experience	23 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94782161
Alt. Phone Number	-
Email Address	samexline@yahoo.com
Address	102E PASIR PANJANG ROAD
Address complement	#06-01 CITYLINK
Postcode	118529
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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	Collision - Major/Minor Rd
Weather Conditions	Raining
Road Surface	Wet

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

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	SLE3623P
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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) to:
(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/are 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.

Policyholder's Signature: X Sam Ede Date: 8 DEC 2020 Time: 8:00
 Driver's Signature (if driver is not the policyholder) / Date & Time: Sam Ede 8 DEC 2020
 Witnessed by Reporting Centre Personnel: [Signature] 8 DEC 2020

Sketch Plan

A) 5mm 797L
B) 5E3623P

Insurance Centre, 75 Bras Basah Road, Singapore 336251. Tel: 6768 1777 - Fax: 6338 1500 - Email: claims@income.com.sg - Website: www.income.com.sg
 or NTUC Social Enterprise

I WAS PULLING OUT OF SIDE STREET AVE MAKING A RIGHT TURN ON TO MAIN AVENUE. CARS WERE BACKED UP BECAUSE OF RED STOP LIGHT. I ENTERED THE PROTECTED CROSS WALK, LOOKED RIGHT AND THEN LEFT AND DID NOT SEE ANYONE. SLOWLY MOVED UP TO LOOK RIGHT AGAIN BEFORE MAKING A FINAL COMMITMENT TO PROCEED. AS I SLOWLY MOVED UP I WAS HIT BY A CAR COMING FROM MY RIGHT. I HEARD SCET NOISE AS SHE PASSED BY BUT DID NOT FEEL ANY IMPACT. DID NOT REALIZE THAT THERE WAS ANY DAMAGE UNTIL I GOT OUT OF THE CAR.

Declaration

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

Sam Exline *Sam Exline*
 Signature / Date & Driver's Signature (if driver is not the policyholder) / Date
 8-DEC-2020 8-DEC-2020

Witnessed by Reporting Centre Personnel *09/12/2020*

















