





## 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	24/12/2020 09:11 (SGT)
Date of Accident	23/12/2020 12:20 (SGT)
Exact Location of Accident	Lornie Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7959G
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIVA DASS PRUSOTHAM SINGH
NRIC No	SXXXX015B
Email Address	SIVADASS@ROCKETMAIL.COM
Mobile Phone No	(Phone) +65-97773275
Alternative Phone No	+65-97773275

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	5081666047-04
Cover Note Number	-

#### DRIVER

Name of Driver	SIVA DASS PRUSOTHAM SINGH
NRIC No	SXXXX015B
Date Of Birth	18/10/1971
Occupation	Outdoor



Date Of Driving Pass	18/08/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97773275
Alt. Phone Number	+65-97773275
Email Address	SIVADASS@ROCKETMAIL.COM
Address	BLK 204 #16-1137 TOA PAYOH NORTH TOA PAYOH SPRING
Address complement	-
Postcode	310204
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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.

#### 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	SMR9249S
Vehicle Manufacturer	-
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) -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLK6617G  
Vehicle Manufacturer -  
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) -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person SIVA DASS PRUSOTHAM SINGH  
Address -  
Address Complement -  
Post Code -  
Approximate Age Years Old -  
Injuries Sustained BACK  
Injured person in which vehicle? SKX7959G  
Were seat belts worn? Yes  
Was this injured conveyed to hospital by ambulance? No




**SKETCH PLAN**

**IMPORTANT NOTICE**

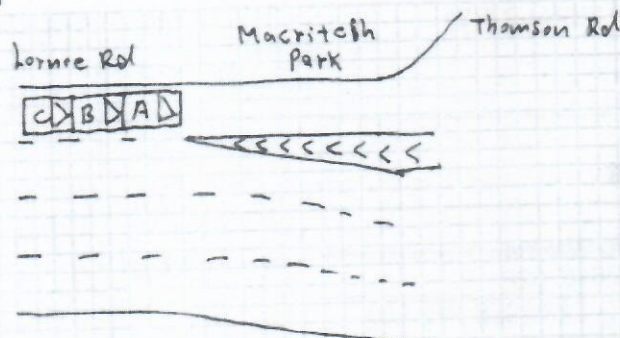
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = SKX 7959 G  
B = SMR 9249 S  
C = SLK 6617 G.

## Describe Circumstances of the Accident

I was travelling along Lorne Rd towards Thomson Rd at the exit, suddenly the taxi in front of me stop due to A white BMW cut into the taxi lane. I also apply my brake and stop in time. All of a sudden, I felt an impact from behind. After the incident, I realized Veh B from behind collided onto my Veh rear portion. total 3 veh involved in the accident.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel