



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 05/01/2021 12:57 (SGT)
Date of Accident 03/01/2021 18:15 (SGT)
Exact Location of Accident 27 Phoenix Rd, Singapore 668172
Additional Location Information 27 PHOENIX ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL4717J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ADAM UBAIDULLA
NRIC No SXXXX069H
Email Address UBAD.ADAM@GMAIL.COM
Mobile Phone No (Phone) +65-96300080
Alternative Phone No +65-96300080

VEHICLE PARTICULARS

Manufacturer Chevrolet
Model Orlando
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 5088280830-03(COMP)
Cover Note Number -

DRIVER

Name of Driver ADAM UBAIDULLA
NRIC No SXXXX069H

Date Of Driving Pass	29/07/2009
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96300080
Alt. Phone Number	+65-96300080
Email Address	UBAD.ADAM@GMAIL.COM
Address	BLK 216 #04-853 ANG MO KIO AVENUE 1
Address complement	-
Postcode	560216
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	GBF193X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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.

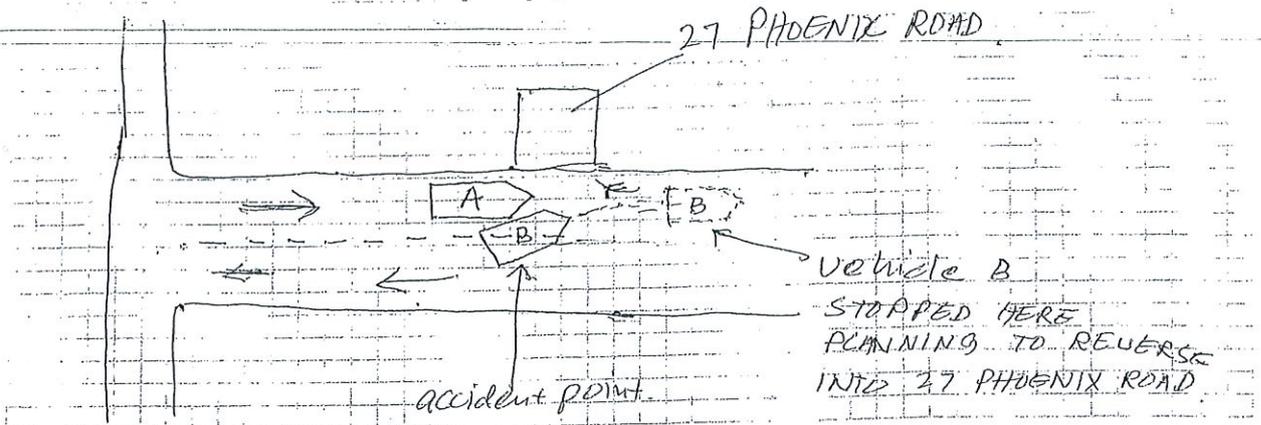
VIAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659515
 Tel: 6597 8427 / 6597 3312
 Fax: 6599 0722
 Email: vacbb@singnet.com.sg

Policyholder's Signature
 Date & Time: 05/01/2021

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

Reporting Centre Personnel's Signature
 Name:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 3RD JANUARY 2021, SUNDAY AROUND 6:15 PM, MY VEHICLE, SLL4717J, (VEHICLE A) WAS TRAVELLING ~~AND~~ SLOWLY ON PHOENIX ROAD WHEN THE VEHICLE B (GBF193X) SUDDENLY OVERTAKE VEHICLE A ON THE RIGHT SIDE AND CUT INFRONT AND HIT VEHICLE A ON THE RIGHT SIDE. VEHICLE B STOPPED ~~FEW~~ ON THE LEFT OF 27 PHOENIX ROAD SIDE.

THE DRIVER OF VEHICLE, MR. ONG LAI CHIN, WAS TRAVELLING WITH TWO KIDS IN THE VEHICLE. ON HIS ACCOUNT OF THE INCIDENT, HE ~~WAS~~ DIDN'T NOTICE MY VEHICLE MOVING, SO HE CUT IN TO REVERSE INTO HIS HOME, 27 PHOENIX ROAD.

THE DRIVER OF VEHICLE B OFFERED TO REPAIR MY VEHICLE AT HIS REGULAR WORKSHOP. AFTER CONSIDERING I DECIDED TO REPORT THE ACCIDENT.

DECLARATION

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

[Signature]
05/01/2021

IDAC BUKIT BATOK (VAC)
511 Fullerton St 23
Singapore 15
Tel: 65782779 / 73312
Fax: 6569 0722
Email: vacbb@singnet.com.sg