

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	26/01/2021 11:26 (SGT)
Date of Accident	25/01/2021 18:15 (SGT)
Exact Location of Accident	Near Blk 547, Singapore
Additional Location Information	BEDOK NORTH ROAD TOWARDS BEDOK NORTH AVENUE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU7097Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AMIR SERVICES
Company Reg No	5XXXX046D
Email Address	amir3040qs@gmail.com
Mobile Phone No	(Phone) +65-94516956
Alternative Phone No	+65-94516956

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5096336805-03
Cover Note Number	12/12/2020 - 11/12/2021

DRIVER

Name of Driver	AMIR BIN MOHD SALEH
NRIC No	SXXXX040A
Date Of Birth	04/10/1969
Occupation	Outdoor

Date Of Driving Pass	30/01/1991
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-94516956
Alt. Phone Number	-
Email Address	amir3040qs@gmail.com
Address	BLK310 TAMPINES STREET 32
Address complement	#02-130
Postcode	520310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Head to Rear
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

ON THE STATED DATE & TIME, I WAS TRAVELLING ALONG SAID LOCATION. TRAFFIC WAS HEAVY. IN FRONT VEHICLE SLOWN DOWN AND STOP. I ALSO APPLIED MY BRAKE AND STOPPED. (STATIONARY). A FEW SECOND, VEHICLE B (GBH6793P) TRAVELLING BEHIND ME WAS UNABLE TO STOP IN TIME AND HIT ONTO MY RAER PORTION OF VEHICLE. MY REAR PORTION OF VEHICLE WAS BADLY DAMAGED. I CAME DOWN AND CHECK, TAKE SOME PHOTO. I FELT SOME PAIN ON MY BACK. THE LORRY BOSS ADVICE ME TO MAKE A INSURANCE CLAIM AGAINST HIS LORRY.

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	GBH6793P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG LYE SENG
NRIC No	SXXXX538H
Contact Number	-

ment
Company Name
Damage
property damaged in accident
passenger (Including Driver)

SKETCH PLAN

URGENT NOTICE

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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' law firms/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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

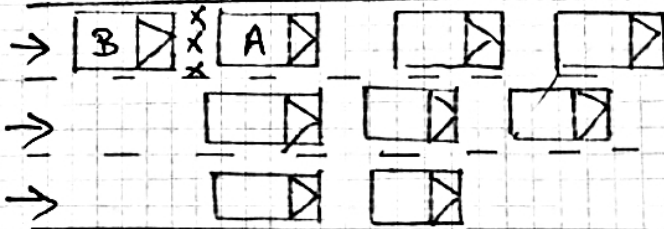
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Bedok North Road
toward Bedok North Ave 1. (NEAR 545)



A - 3LU 7097Y
B - GBH 6793P
Date - 25.1.2022
Time - 6.15pm
Road - clear n?

Describe Circumstances of the Accident

On the date & time, I was travelling along Bedok North Road toward Bedok North Ave 1 (NEAR BLK 548).

Traffic was heavy. Infam^t veh slow down n stop. I also applied my brake and stopped. (Stationary)

A Few Second, A Lorry GBH 6793P travelling behind me was unable to stop in time and hit onto my rear portion of my car. My car SLV 709TY was badly damaged.

I came down n check, Take some photo. I felt some pain on my back. The lorry boss advice me to make a insurance claim against his lorry.

A - no passenger
B - no passenger.

GBH 6793P
3rdly Lorry
NG KYE SENG
800295384

amir304095@gmail.com

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only
Claim OD
Claim TP
☒ Claim OD/TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel