

# 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 ..... 27/01/2021 17:14 (SGT)  
Date of Accident ..... 26/01/2021 17:55 (SGT)  
Exact Location of Accident ..... Blk 370, Singapore  
Additional Location Information ..... TAMPINES AVE 7 TWDS TAMPINES CENTRAL  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC302Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... RAHIM TRANSPORT SERVICES  
Company Reg No ..... 5XXXX939C  
Email Address ..... abdulrahim243@gmail.com  
Mobile Phone No ..... (Phone) +65-90094120  
Alternative Phone No ..... +65-90094120

### VEHICLE PARTICULARS

Manufacturer ..... Golden Dragon  
Model ..... XML6118E1A  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Bus

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5085644154-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ABDUL RAHIM BIN ABDULLAH  
NRIC No ..... SXXXX833F  
Date Of Birth ..... 16/09/1955  
Occupation ..... Outdoor

Date Of Driving Pass .....	31/08/1978
Driving experience .....	42 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90094120
Alt. Phone Number .....	-
Email Address .....	abdulrahim243@gmail.com
Address .....	BLK 602 BEDOK RESERVOIR RD
Address complement .....	#07-532
Postcode .....	470602
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 - Change/cross lane
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) .....	26
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	WORKER
Gender .....	Male

#### PASSENGER 2

Name .....	WORKER
Gender .....	Female

#### PASSENGER 3

Name .....	WORKER
Gender .....	Female

#### PASSENGER 4

Name .....	WORKER
Gender .....	Male

#### PASSENGER 5

Name .....	WORKER
Gender .....	Male

#### PASSENGER 6

Name .....	WORKER
Gender .....	Female

#### PASSENGER 7

Name .....	WORKER
Gender .....	Female

#### DETAILS OF POLICE ACTION

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

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED 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 ..... SGM4978B  
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) ..... -

# SKETCH PLAN

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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.



*Inf.*

27/1/21

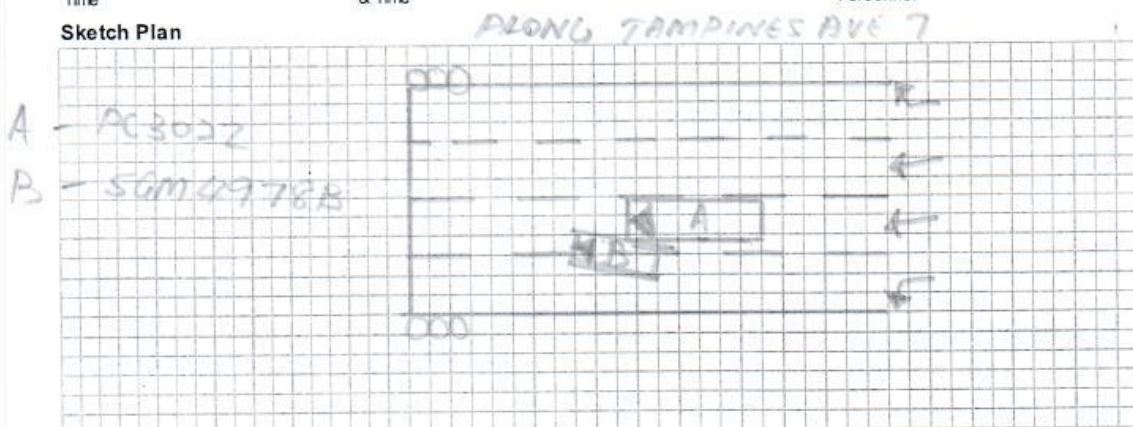
*sfy* 27/01/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

I was travelling straight along Tampines Ave 7 towards Tampines Central on the 3<sup>rd</sup> lane of A4-lanes road. Suddenly veh B from my left turning lane cut into my lane and hit onto my front right side portion of my veh. I ~~go~~ go down and talk to the driver that her veh hit onto my veh. The veh B driver show hand signal to wait infat after the traffic light junction. When the traffic light change green the driver drive off ~~didn't~~ <sup>hand off</sup> stop ahead as what she show signal to stop infat. I have a video footage.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

27/1/21

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

*[Signature]* 27/01/21

Witnessed by Reporting Centre Personnel



















