

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 14/12/2020 16:16 (SGT)
Date of Accident 12/12/2020 15:30 (SGT)
Exact Location of Accident 501 Jurong West Ave 1, Singapore 640501
Additional Location Information ALONG JURONG WEST AVE -2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGR2532R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FARIDAH BINTE ABDUL KARIM
NRIC No S7702825J
Email Address idahkarim@gmail.com
Mobile Phone No (Phone) +65-96809653
Alternative Phone No +65-97152585

VEHICLE PARTICULARS

Manufacturer Nissan
Model Presage
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 ThirdPartyFireTheft
Fleet Policy No
Policy Number 5077296224-04
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD FARIS BIN YAZID
NRIC No T0205070B
Date Of Birth 13/02/2002
Occupation Indoor

Date Of Driving Pass	06/11/2020
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97152585
Alt. Phone Number	-
Email Address	idahkarim@gmail.com
Address	BLK 666A JURONG WEST STREET 65 #06-197
Address complement	-
Postcode	641666
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 - 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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FARIDAH
Gender	Female

PASSENGER 2

Name	FATINI
Gender	Female

PASSENGER 3

Name	YAZID
Gender	Male

PASSENGER 4

Name	FAIZ
Gender	Male

PASSENGER 5

Name	FAZIL
Gender	Male

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 ATTACHED COPY

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

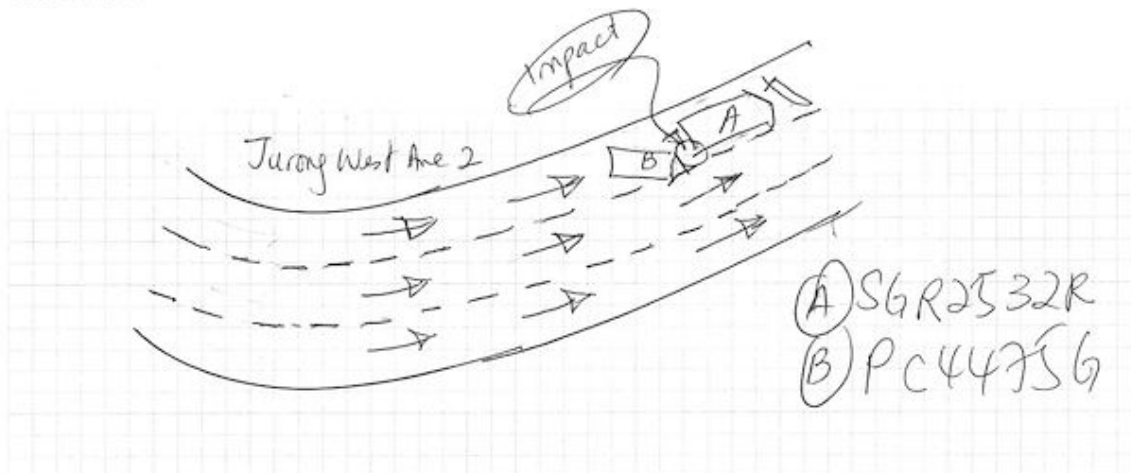
Vehicle Registration Number PC4475G
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver ENG TECK SOON
 NRIC No S8288372Z
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident LEFT FRONT PORTION
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person FARIDAH
 Address BLK 666A JURONG WEST STREET 65 #06-197
 Address Complement -
 Post Code 641666
 Approximate Age Years Old -
 Injuries Sustained REFER REPORT
 Injured person in which vehicle? SGR2532R
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12th of December at about 1530 hrs, I was driving along Jurong West Ave 2 on the extreme left lane. I stopped my vehicle upon seeing the hazard in front. A few seconds later, while my car ~~was~~ ^{was} stationary, I got hit by ~~the~~ a van from the back, damaging the right rear portion of the car.

~~2 passengers vehicle~~

2 vehicles involved and exchanged particulars. Passenger is not feeling well and may be seeking medical attention.

DECLARATION

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

Policyholder's Signature

Date & Time: 14/12/2020
08:15am

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

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) 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.

Policyholder's Signature
Date & Time: 14/12/2020

Driver's Signature
(If driver is not the policyholder)
Date & Time: 14/12/20
08:15 am

Reporting Centre Personnel's Signature
Name: 14/12/2020
NRIC/FIN No.:



























