Your NCD will be affected due to late reporting

G|A SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report underlinecorrectly 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 witholding 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	16/02/2021 10:20 (SGT)
Date of Accident	10/02/2021 15:45 (SGT)
Exact Location of Accident	Grange Rd, Singapore
Additional Location Information	JUNC OF SOMERSET RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK4397C

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHL MOTOR PTE. LTD.
Company Reg No	2XXXXX814M
Email Address	sinhocklee@yahoo.com.sg
Mobile Phone No	(Phone) +65-62826184
Alternative Phone No	+65-62826184

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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	ThirdParty
Fleet Policy	Yes
Policy Number	5109792828-01
Cover Note Number	-

DRIVER

Name of Driver	AHMAD SUYUTI BIN AHMAD SULAIMAN
NRIC No	SXXXX127D
Date Of Birth	20/08/1976
Occupation	Outdoor

Date Of Driving Pass	16/08/1996
Driving experience	24 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91076319
Alt. Phone Number	-
Email Address	asuyuti30@gmail.com
Address	BLK 478 SEGAR ROAD
Address complement	#05-396
Postcode	670478
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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

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	SG3061S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	KOH CHEE HIONG
NRIC No	SXXXX106A
Contact Number	(Phone) +65-86237841
Address	-
Address complement	-
Postcode	-

Insurance Company Name   ....   -
Nature Of Damage   ....   -
Details of property damaged in accident   ....   -
No. Of Passenger (Including Driver)   ....   -

SKETCH PLAN

IMPORTANT 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' 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
	16 FEB 2021	16/02/21

Sketch Plan

AS PER ATTACHED

Google Maps   Somerset Rd   JUNC OF SOMERSET RD & GRANGE RD

Image capture: Sep 2020   © 2021 Google

Singapore

Google

Street View

A - SJK4397C
B - SGS061S

EMERAL

Somerset NS23

https://www.google.com.sg/maps/@1.3008839,103.8365505,3a,75y,175.79h,64.4t/data=!3m6!1e1!3m4!1siBSNaCIVqBKJ9ZMT_X2EFw!2e0!7i16384!...   1/1

Describe Circumstances of the Accident

My veh was stationary at the Grange Rd on the 4th lane of A5-lanes Road. Suddenly veh B from the Somerset Road make a left turn and hit onto my rear right side portion of my veh.

Declaration

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

16 FEB 2021

16/02/21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel