

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 15/02/2021 15:23 (SGT)
Date of Accident 14/02/2021 16:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information Slip Road Orchard Blvd to Grange Road
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJQ902P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GRACE ON WHEELS PTE. LTD.
Company Reg No 201624268Z
Email Address graceonwheels.ops@gmail.com
Mobile Phone No (Phone) +65-87823448
Alternative Phone No +65-87823448

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 5113204733-01-000015
Cover Note Number -

DRIVER

Name of Driver MD JOHAN BIN ISMAIL
NRIC No S1545697C
Date Of Birth 01/07/1962
Occupation Indoor

Date Of Driving Pass	01/06/1985
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98953281
Alt. Phone Number	-
Email Address	email@email.com
Address	BLK 135 #01-135
Address complement	YISHUN STREET 11
Postcode	760135
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Female

PASSENGER 3

Name	Passenger
Gender	Female

PASSENGER 4

Name	Passenger
Gender	Female

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 sketch plan

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	SMX8855S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BENJAMIN LOW
NRIC No	S9390092H
Contact Number	(Phone) +65-88555588
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 15/02/2021 / 15:01

Report No: MT/

D.O.A: 14/02/2021

Time: 16:35 hrs

Vehicle No: SJO902P

Reporting Type:

SKETCH PLANIMPORTANT 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.
- (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.



15/02/21 / 15:01

Policyholder's Signature / Date & Time

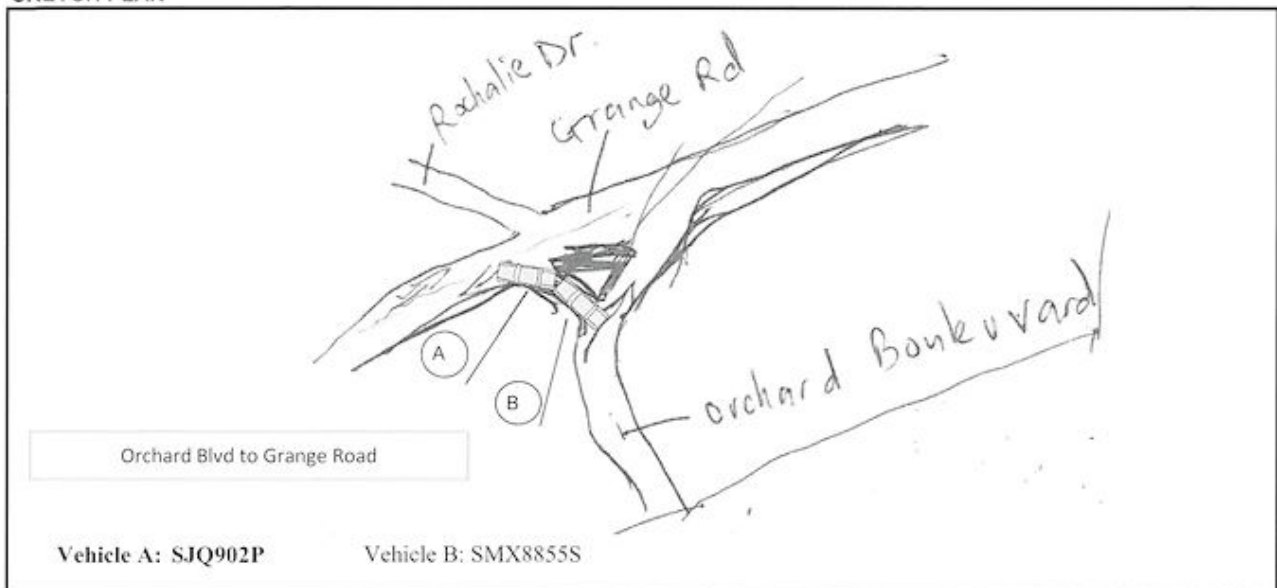
Driver's Signature (if driver is not the policyholder) / Date & Time

15/02/21 / 15:01

 Alan Tang (S098825)
 Customer Care Executive
 Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14 February Sunday at 1627 hrs I pick up 4 passengers at Liat Towers, Anglin Park to ferry them to 82 Bayshore Rd, Costa Del Sol. (Grab)

At about 1635 hrs at the junction of Orchard Boulevard and Grange Road, a red car SMS 8855S hit the rear of my car.

I was going to turn left to Grange Road, stopped, as I had to let a white van passed. As I proceed to move forward the car hit my rear. I stopped my car and met the driver, saw that the car had hit my car. Immediately I went to see my passengers, asked them did anyone injured. They said no. I reconfirmed with them and they said no injury. I met the driver, we decided to park further down the road because that only one lane, other cars cannot turn into Grange road.

We exchanged particulars the driver drove off.

I send my four passengers to their destination, had talk to the passengers during the trip, seemed that they were all fine.

Declaration

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



Policyholder's Signature / Date & Time

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

15/02/21 / 15:01

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

















