

## 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 ability.
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 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 Report	16/07/2017 16:37
Date Of Accident	16/07/2017 06:30
Exact Location Of Accident	KEPPEL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC5363L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	THAMIL SELVAN S/O SUBRAMANIAM
NRIC No	S1390199F
Email Address	THAMIL1959@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84282215
Alternative Phone No	OFFICE-84282215

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090425956 (DRIVO CLASSIC)

Cover Note Number

### Driver

Name of Driver	THAMIL SELVAN S/O SUBRAMANIAM
NRIC No	S1390199F
Date Of Birth	11/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2001
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84282215
Fax Number	
Contact Number	OFFICE-84282215
Email Address	THAMIL1959@GMAIL.COM

Address BLK 308A #14-415 ANG MO KIO AVENUE 1  
 Postcode 561308  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
 Weather Conditions CLEAR  
 Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

I WAS DRIVING ALONG CANTONMENT ROAD ON THE LEFT MOST LANE TOWARDS KEPPEL ROAD UPON APPROACHING THE TRAFFIC LIGHT JUNCTION, THE TRAFFIC LIGHT WAS GREEN. THUS, I PROCEED TO TURN RIGHT. A VEHICLE SLD 4204P WHICH WAS ALSO MAKING A RIGHT TURN TOWARDS KEPPEL ROAD ON THE CENTER LANE, SUDDENLY CUT INTO MY LANE ABRUPTLY. AS SUCH, VEHICLE SLD 4204P FRONT LEFT PORTION COLLIDED INTO THE REAR RIGHT PORTION OF MY VEHICLE. (ATTENDED BY CHRISTINA)

#### 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 SLD4204P  
 Vehicle Make/Model/Colour HONDA  
 Details Of Properties  
 Name of Driver JEFFRAY TAN  
 NRIC/Passport Number  
 Contact Number 97603391  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number  
 Email Address

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/agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

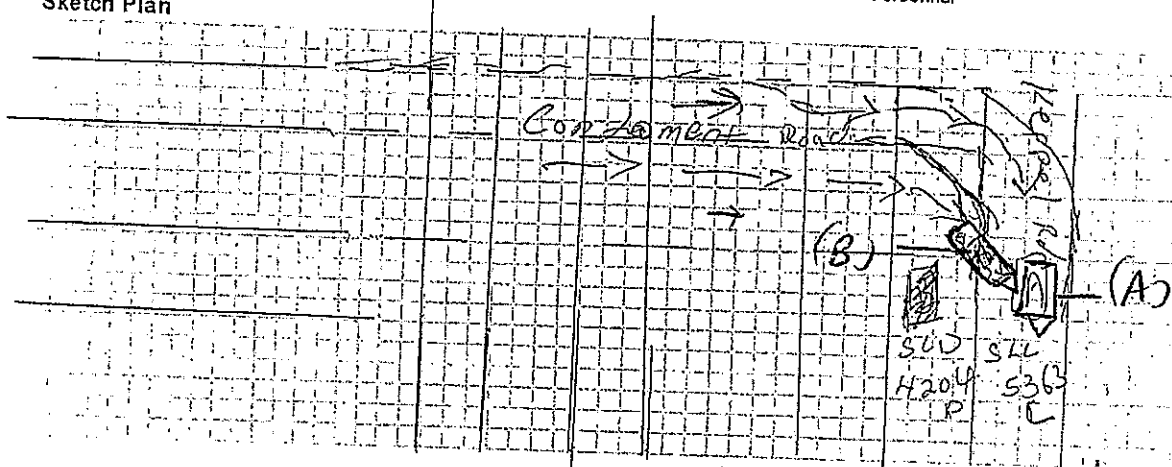


16 JUL 2017  
Policyholder's Signature / Date & Time

16 JUL 2017  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



DA - 16/7/17

A - SLC 53652  
B - SLD 4204P

**Describe Circumstances of the Accident**

[illegible]

### Declaration

We declare the foregoing particulars are true in every respect.

16 JUL 2017

76 JUL 2017

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

