

# 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 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 04/03/2021 16:35 (SGT) Date of Accident 04/03/2021 12:10 (SGT) **Exact Location of Accident** PIE, Singapore Additional Location Information PIE EXIT TO PAYA LEBAR SLIP ROAD Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SFN7070G INSURED/POLICYHOLDER Is company? Name Of Registered Owner SHERLIN FOO SHICK WEE NRIC No SXXXX579Z **Email Address** SHERLIN\_FOO@YAHOO.COM.SG Mobile Phone No (Phone) +65-96882616 Alternative Phone No (Home) +65-96882616 VEHICLE PARTICULARS Manufacturer Mercedes Model A200 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 Comprehensive Fleet Policy No Policy Number 5116801001 Cover Note Number

DRIVER

Name of Driver SHERLIN FOO SHICK WEE NRIC No SXXXX579Z Date Of Birth 18/06/1967 Occupation Outdoor

Date Of Driving Pass 19/11/1985 Driving experience 35 YEARS AND 4 MONTHS Gender Female Mobile Number (Phone) +65-96882616 Alt. Phone Number (Home) +65-96882616 **Email Address** SHERLIN FOO@YAHOO.COM.SG Address 148 JALAN BATALONG EAST Address complement Postcode 509640 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured 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) 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?

Was notice of intended Prosecution given?

No
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

I SLOW DOWN AND STOPPED AT PIE EXIT SLIP ROAD TO GIVE WAY TO THE ON-COMING TRAFFIC ALONG PAYA LEBAR ROAD. SUDDENLY VEHICLE B (SLH5138U) FROM BEHIND DID NOT STOP AND COLLIDED ONTO THE REAR OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SLH5138U

Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour -

Vehicle CategoryPrivate carName of DriverLOK SIM SNEGNRIC NoSXXXX032D

Contact Number (Phone) +65-97824408

Address complement

#### 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)

Lunderstand, 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

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Witnessed by Reporting Centre Personnel

Sketch Plan

A - SFN 7070G

B - SLH 5138 U

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