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.

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Date of Submission 09/12/2020 16:09 (SGT) Date of Accident 08/12/2020 18:05 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information twds sle after braddell exit Country/State of Loss Singapore

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Is company?	Yes
INSURED/POLICYHOLDER	
Vehicle Registration Number	SJN9965P

Outdoor

Name Of Registered Owner SHL MOTOR PTE LTD Company Reg No **Email Address** Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish Variant Exact purpose for which vehicle was being used at time of Private hire accident

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 Policy Number 5109792828-01

Cover Note Number

DRIVER

Name of Driver ISMAIL BIN KARSANI NRIC No Date Of Birth Occupation



Date Of Driving Pass	
Driving experience	
Gender Mobile Number	Male
Alt. Phone Number	(Phone)
Email Address	
Address	
Address complement	
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	No 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	Chain Collision
Weather Conditions	drizzling
Road Surface	Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged? Number of Passengers (Including Driver)	Yes 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?	Yes
Police Station Name	Sembawang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005549999
Police Station Address	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? If yes, against whom?	No -
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT - T/20201209/2060.	
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	SDQ407Z
Vehicle Manufacturer	-
Vehicle Model Vehicle Variant	-
Vehicle Celesses	-

Private car

Vehicle Category

Name of Driver
Contact Number
Address

Address complement		-
Postcode		_
Insurance Company Name		_
Nature Of Damage		-
Details of property damaged	d in accident	_
No. Of Passenger (Including	g Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF3687A
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLQ4022A
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	=
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	ISMAIL BIN KARSANI
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SJN9965P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l understand, acknow ledge, agree and consent that

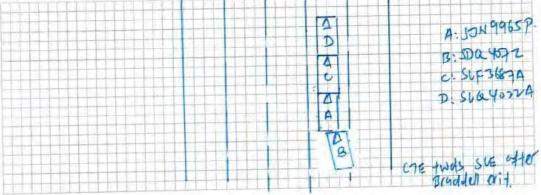
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
- (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 &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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