

# 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 ..... 22/03/2021 15:19 (SGT)  
Date of Accident ..... 19/03/2021 16:30 (SGT)  
Exact Location of Accident ..... Guillemard Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMD7392Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ONESTO LEASING PTE LTD  
Company Reg No ..... 2XXXXX843R  
Email Address ..... DEZMONDLOW72@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97975784  
Alternative Phone No ..... +65-97975784

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 - Reporting only  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5103424652-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... DEZMOND LOW CHOR KHIM  
NRIC No ..... SXXXX709G

Date Of Birth .....	01/09/1972
Occupation .....	Outdoor
Date Of Driving Pass .....	10/06/2013
Driving experience .....	7 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98967472
Alt. Phone Number .....	-
Email Address .....	DEZMONDLOW72@GMAIL.COM
Address .....	BLK 722 BEDOK RESERVOIR RD #06-5168
Address complement .....	-
Postcode .....	470722
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 .....	Collision - Change/cross lane
Weather Conditions .....	Raining
Road Surface .....	Wet

#### 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

REFER TO STATEMENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH DRIVER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGY9804Z
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) ..... -

## SKETCH PLAN

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## 6. 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:

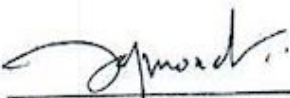
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (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

## Sketch Plan






## Describe Circumstances of the Accident

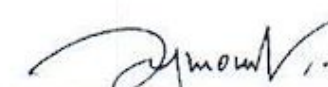
I was travelling along Guillemand Rd towards  
 Paya lebar on the extreme right lane, Vch in front  
 of me last min switch on right signal to make a  
 U-turn, I from behind apply my brake but due to  
 road surface was wet, My Vch skidded, I try  
 to avoid collision with the front Vch and I swerved  
 to left, but my Vch left front hit onto Vch B  
 which was come from the left lane. After the  
 incident, we agree to private settle and I will pay  
 all the repair cost, we have already sign a private  
 Settlement form, please see ~~attached~~ attachment

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time



 22/03/21  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time

  
 Witnessed by Reporting Centre  
 Personnel



























ACCIDENT PRIVATE SETTLEMENT

Accident between Vehicle No. (1) SMD7392Y (2) SGY9804Z  
(3) \_\_\_\_\_

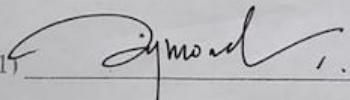
Place: Gullemard Road towards Paya Lebar  
Date: 19<sup>th</sup> March 2021  
Time: \_\_\_\_\_

Vehicle Owner No. (1) Name: Dezmond Low Chor Khim Nric: S7230709G  
Mobile No: 9896 7472  
Vehicle Owner No. (2) Name: Muhammad Fariz Nric: S7111292F  
Mobile No: 9668 8751  
Vehicle Owner No. (3) Name: \_\_\_\_\_ Nric: \_\_\_\_\_  
Mobile No: \_\_\_\_\_

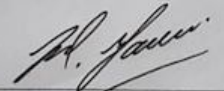
Due to Owner Mr Dezmond Low Chor Khim

We had agreed to settle the accident in private without Claiming Insurance of property and personal injury. The total Repair Costs and Rental Fee of vehicle no. SGY9804Z will be paid by vehicle owner SMD7392Y in cash.

Date of this agreement on 19<sup>th</sup> March 2021

Vehicle Owner (1) 

SGY9804Z  
4pcs rims spray  
dark Grey.

Vehicle Owner (2) 

Vehicle Owner (3) \_\_\_\_\_