

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 15:47 (SGT)
Date of Accident 22/03/2021 11:32 (SGT)
Exact Location of Accident Braddell Rd, Singapore
Additional Location Information TWDS BARTLEY RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKL1209R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GLAMOUR AUTO PTE LTD
Company Reg No 2XXXXX121C
Email Address edmonlow@glamourautopl.com
Mobile Phone No (Phone) +65-88703999
Alternative Phone No +65-88703999

VEHICLE PARTICULARS

Manufacturer BMW
Model 316i
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 car
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 5121299540
Cover Note Number -

DRIVER

Name of Driver ONG SWEE SEN ADRIAN
NRIC No SXXXX283G

Date Of Birth	05/03/1985
Occupation	Outdoor
Date Of Driving Pass	20/11/2006
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87426809
Alt. Phone Number	-
Email Address	adrian.ong.inbox@gmail.com
Address	BLK 312 SERANGOON AVE 2 #03-180
Address complement	-
Postcode	550312
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

ON 22/03/2021 AT ABOUT 1132HRS, I WAS TRAVELLING STRAIGHT ALONG BRADDELL ROAD TOWARDS BARTLEY ROAD. SUDDENLY, VEHICLE B (GBD2798Z) CUT INTO MY LANE AND HIT ONTO MY FRONT RIGHT SIDE OF MY VEHICLE.

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	GBD2798Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ONG SWEE SEN ADRIAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKL1209R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/03/2021
12:37pm.

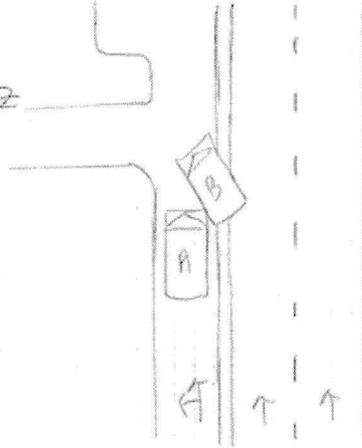
Reporting Centre Personnel's Signature
Name:
NRK/HN No.:

GIA/IME 5/2017 (Rev. 01/15)

Please email the report to runterg@premiumcar2.com.sg
~~adrian.org.inbox@gmail.com~~

SKETCH PLAN

Vehicle A: SKL1209R
B: GBD2798Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22/03/2021 at about 11:30am, I was travelling straight along Braddell Road towards Bartley Road suddenly, vehicle B (GBD 2798Z) cut into my lane and hit onto my front right side of my vehicle.

DECLARATION

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



Policy No:
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/03/2021
12:38pm

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No: