

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	20/03/2021 14:49 (SGT)
Date of Accident	20/03/2021 10:36 (SGT)
Exact Location of Accident	266 Compassvale Bow, Singapore 540266
Additional Location Information	SERVICE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3966E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	RAJKUMAR S/O RAMAKRISHNAN
NRIC No	SXXXX188F
Email Address	roachraj@gmail.com
Mobile Phone No	(Phone) +65-91164862
Alternative Phone No	+65-91164862

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E250
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
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5118462468
Cover Note Number	-

DRIVER

Name of Driver	RAJKUMAR S/O RAMAKRISHNAN
NRIC No	SXXXX188F

Date Of Birth	24/07/1994
Occupation	Indoor
Date Of Driving Pass	03/06/2019
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91164862
Alt. Phone Number	+65-91164862
Email Address	roachraj@gmail.com
Address	BLK 548 HOUGANG ST 51 #02-240
Address complement	-
Postcode	530548
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 20/03/2021 AT 10.36AM, I WAS DRIVING MY VEHICLE (SMP3966E) ALONG THE SERVICE ROAD OF BLK 266 COMPASSVALE BOW. AS I WAS DRIVING STRAIGHT, VEHICLE B (SLU3206B) SUDDENLY CAME OUT OF THE LOADING BAY AND HIT ONTO THE LEFT OF MY VEHICLE. WE EXCHANGED PARTICULARS AND I PROCEED TO MY WORKSHOP FOR ACCIDENT INSURANCE REPORTING

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 TP WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU3206B
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	VEHICLE B
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

1. *Unfettered and, so, virtually absolute and unlimited state*

(d) My doctor, my workplace and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data (personal information set out in the [Form]) and any other personal information provided by me or poss. 1. I hereby instruct (collectively the "Personal Information") and declare to transfer such Personal Information to [Insurer(s)] who have insured vehicle(s) involved in the accident (Insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/law firm, the Insurers' Adjusters and any relevant govt. agent/agency, including such as a police, fire department, etc.

(i) collecting, handling and/or disclosing with such as including the Insurers and any relevant agent/agency, including the Insurers

(ii) using, disclosing and/or handling for my claims

(iii) using, disclosing and/or handling with any institution or representative to my employer/ins.

(iv) relating to my claim (including the making of correspondence, documents, notices, reports or notices to me, which would involve disclosure of confidential personal data about me to third parties who are not the Insurers) as well as on the actual and cover of my vehicle/policy, and/or

(v) complying with, or for, to forward and/or any processing, handling, and/or disclosure with and/or other relevant "Parties")

(b) all Insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' lawyer/law firm, 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/also be disclosed by any of the Insurers and/or GIA, to their third party service providers or agent (including their lawyer/law firm), which may be situated outside of Singapore, for one or more of the above Purposes.


(e) my Personal Information will also be collected and used to compile third history for the purpose of fraud detection, investigation and management in present and all future claims.

(f) the information collected for (d) above may be shared / disclosed

(i) to all relevant and/or any other third parties that assist in evaluating, investigating, controlling or managing, fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for compliance with requirements under any regulations, laws or court orders

Policy of the Signatures
Date of Birth: 200321 1240


 Director, FBI
 (If this is not the post you order)
 Date Ordered **2021 1240**

Reporting Centre Personnel's Signature
Date: _____
ID: _____

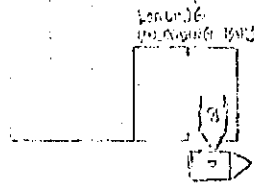
I hereby authorize State Motor P/L
Send my accident report to gerine@casgarage.sg



SKETCH PLAN #2

SKETCH PLAN

Along Blk 266
(Compassway Road)
From Road



A : Smp 3966 E
B : Sln 3206 B


DESCRIPT CIRCUMSTANCES OF THE ACCIDENT


ON 20/3/21 AT 10.36 AM. I WAS DRIVING MY VEHICLE Smp 3966 E. ALONG THE STREET ROAD OF BLK 266 (COMPASSWAY ROAD). AS I WAS DRIVING STRAIGHT, VEHICLE B, Sln 3206 B SUDDENLY ^{LANE} OUT OF THE LADING BAY AND HIT ONTO THE LEFT OF MY VEHICLE.


WE EXCHANGED DETAILS AND I PROCEED TO MY WORKSHOP FOR ACCIDENT INSURANCE REPORTING.

DECLARATION

I hereby declare that the above statement is true and correct.


Driver A
Smp 3966 E
209321 1240


Driver B
Sln 3206 B
209321 1240


Witness
Smp 3966 E
209321 1240