

# 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
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### 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) .....	-




SKETCH PLAN


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 willful misrepresentation or withholding of material facts may allow mutual to repudiate or void its policy liability.
4. The issue and acceptance of this form by the mutual companies is not an admission of policy liability on the part of the insurer or companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the Civil Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving. A full copy of this report will for a fee be made available upon application by interested parties.
7. By the signatory of this report to 3 companies, you hereby consent to distribution of this report to the parties to the process of the report being made available elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:


- (a) My insurer, my mutual and the General Insurance Association of Singapore ("GIAS") may be 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 poss. or by my insurers (collectively the "Personal Information") and disclose and transfer such Personal Information to third party(s) who have insured, who is involved in the accident (all insured) who have insured vehicle(s) involved in the accident should the collectively referred to as the "Insurers & the Insured" except for the Mutual Insurance Association of Singapore and any relevant government agency, for the purpose(s) of:
  - (i) processing, handling, and/or collecting such data including the information of the claim and/or insurance contract to be able to settle the claims;
  - (ii) processing and/or handling such data for my claims;
  - (iii) carrying out or facilitating such data processing or record-keeping for my insurers/agents;
  - (iv) claims to my third party (including the rights of tort, damages, claims, etc), services, report or advice to me, which could involve disclosure of certain personal data (subject to the consent of any of the Insurers & the Insured) to the third party (including third party) and/or;
  - (v) complying with other legal, financial and regulatory, processing, handling and/or disclosing such data for other valid "Purposes";
- (b) all Insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firm, if any, 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 GIAS to their third party service providers or agents (including their lawyers/law firm), which may be situated outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile third party history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information collected on the (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing, insured, 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: 2023/11/24

  
 Insured's Signature  
 (If different from Policyholder)  
 Date & Time: 2023/11/24

Reporting Centre Personnel Signature  
 Name:  
 ID No/Staff No:

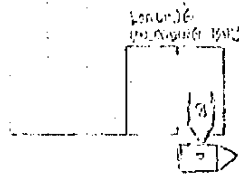
I hereby authorize SHU Hui Tan P/L  
 And my accident report to gerine @ casgarage.sg



# SKETCH PLAN #2

## SKETCH PLAN

Along BLK 266  
(COMPASSION 300)  
FROM FROM



A : SHIP 3946

B : SLU 3706 B


## DESCRIPT CIRCUMSTANCES OF THE ACCIDENT


ON 20/3/21 AT 10.36 AM. I WAS DRIVING MY VEHICLE SMP 3966 E. ALONG THE SERVICE ROAD OF BLK 266 (COMPASSION 300) NOW. AS I WAS DRIVING STRAIGHT, VEHICLE B, SLU 3706 B SUDDENLY <sup>WENT</sup> OUT OF THE LOADING BAY AND HIT ONTO THE LEFT OF MY VEHICLE.


WE EXCHANGED INFORMATION AND I PROCEEDED TO MY WORKSHOP FOR ACCIDENT INSURANCE REPORTING.

## DECLARATION

I hereby declare that the information provided is true and correct.

  
Driver A: SMP 3966 E  
Date: 20/3/21 1240

  
Driver B: SLU 3706 B  
Date: 20/3/21 1240

  
Witness: [Signature]  
Date: 20/3/21 1240