

## 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 .....	23/03/2021 15:24 (SGT)
Date of Accident .....	22/03/2021 19:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLIP RD FROM WOODLANDS AVE 8 TO ADMIRALTY RD WEST
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJM2951E
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ANGIEABUY ENTERPRISE
Company Reg No .....	5XXXX220J
Email Address .....	pva988@yahoo.com
Mobile Phone No .....	(Phone) +65-96479322
Alternative Phone No .....	+65-96479322

#### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	HD AVANTE 1.6 A
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 hire
Transmission .....	Auto
CC .....	1591

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5096499978-03
Cover Note Number .....	29/12/20-28/12/21

#### DRIVER

Name of Driver .....	PRIMO VINCENT ILAGAN ABUY
NRIC No .....	SXXXX789C

Date Of Birth .....	23/09/1953
Occupation .....	Indoor
Date Of Driving Pass .....	10/08/2000
Driving experience .....	20 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96479322
Alt. Phone Number .....	-
Email Address .....	pva988@yahoo.com
Address .....	BLK 214 BOON LAY PLACE #06-19
Address complement .....	-
Postcode .....	640214
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### 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 SKETCH ATTACHED

#### 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 .....	YP2919G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	KRISHNARAJ DHARANI
Passport No/FIN .....	FXXXX459U
Contact Number .....	(Phone) +65-94221878
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

1. VEHICLE NO.: STM 2951 E  
 2. INSURER CO.: NTUC  
 3. ACCIDENT  
 DATE & TIME: 22/3/21 7.35 PM

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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)**  
 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.

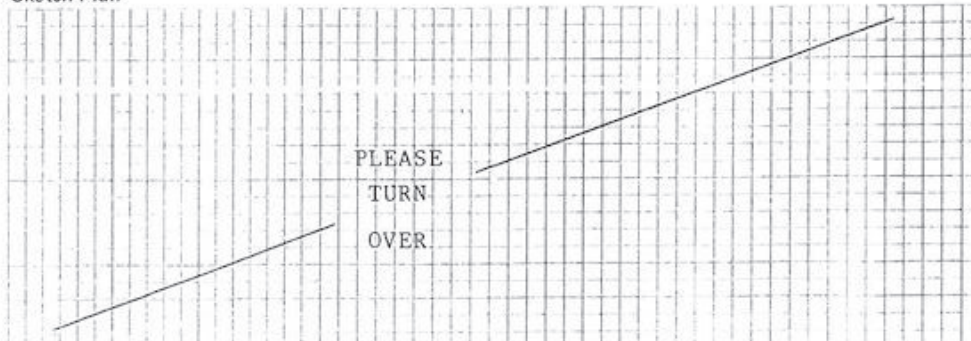


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel Eun (WL) 23/3/21

## Sketch Plan



Sketch Plan

ADMIRALTY ROAD WEST

TO WOODLANDS TOWN CENTRE

CAR

Describe CIRCUMSTANCES OF THE ACCIDENT

I WAS TURNING TOWARDS ADMIRALTY ROAD WEST IN THE DIRECTION OF WOODLANDS TOWN CENTRE FROM WOODLANDS AVE. I WAS WAITING FOR THE CARS TO DRIVE BY IN ADMIRALTY ROAD WEST TO MERGE. I WAS WAITING WHEN SUDDENLY I GOT HIT FROM BEHIND BY A LORRY AND I SURGED FORWARD BY AROUND 2 METERS BECAUSE OF THE IMPACT. I WENT DOWN AND EXCHANGE PARTICULARS WITH THE OTHER DRIVER.

Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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



Policyholder's Signature

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature (WL)  
Name: *Eteka*  
NRIC/FIN No.:

( ) Claim Own Policy (x) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )