

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 30/04/2021 12:41 (SGT)
 Date of Accident 29/04/2021 17:45 (SGT)
 Exact Location of Accident Singapore
 Additional Location Information JURONG ISLAND CHECK POINT
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF5530T

INSURED/POLICYHOLDER

Is company? No
 Name Of Registered Owner ABU BIN KELING
 NRIC No SXXXX237D
 Email Address ABU.KELING1956@GMAIL.COM
 Mobile Phone No (Phone) +65-96530696
 Alternative Phone No (Home) +65-96530696

VEHICLE PARTICULARS

Manufacturer Mazda
 Model 5
 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
 CG 0

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
 Type of Coverage Comprehensive
 Telet Policy No
 Policy Number 5119708196 (DRIVO CLASSIC)
 Cover Note Number -

DRIVER

Name of Driver ABU BIN KELING
 NRIC No SXXXX237D

Date Of Birth 17/12/1956
 Occupation Outdoor
 Date Of Driving Pass 01/01/2005
 Driving experience 16 YEARS AND 3 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96530696
 All Phone Number (Home) +65-96530696
 Email Address ABU.KELING1956@GMAIL.COM
 Address 139 PASIR RIS GROVE #01-45
 Address complement -
 Postcode 518134
 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 -

Address
 Address complement
 Postcode
 Insurance Comp
 Nature Of Dr
 Details of
 No C

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Major/Minor Rd
 Clear
 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

REFER TO STATEMENT ATTACH****NO DRIVING LICENSE PROVIDE.

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 -
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XD1709C
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver NARAYANAN SIVA KUMAR
 Passport No/FIN GXXXX008P
 Contact Number -

SKETCH PLAN

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7. By the lodgement of the report to the insurers, you hereby consent to the archiving of the 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 parts 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.

IDAC IDENTIFICATION (VAC)
 511 BUKIT TIMAH STREET #3
 SINGAPORE 592843
 Tel: 6364 3312 Fax: 6553 0722
 Email: vacbb@signet.com.sg

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

On the way back home from KKKM mobile site.

At about 5.45 pm a lorry hit me at the back near right side of my car.

It happened at Jurong Island check point.

Declaration

I hereby declare the foregoing particulars are true in every respect.

IDAC BUKIT BATOK (VA)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6563 5312 Fax: 6569 07
Email: vachh@pangmat.com