ℰ SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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. <u>Any false reporting may be referred to the Police for investigation.</u>
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	05/05/2021 15:08 (SGT)
Date of Accident	04/05/2021 18:00 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TOWARDS AYE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ7946E

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NURUL INSYIRA BINTE MUHAMMAD RAZALI
NRIC No	SXXXX096G
Email Address	NURUL.INSYIRA@HOTMAIL.CO.UK
Mobile Phone No	(Phone) +65-82013633
Alternative Phone No	+65-82013633

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
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	1498

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MQ000497
Cover Note Number	03/02/2021 - 02/02/2022

DRIVER

Name of Driver	NURUL INSYIRA BINTE MUHAMMAD RAZALI
NRIC No	SXXXX096G

Date Of Birth	13/10/1996
Occupation	Indoor
Date Of Driving Pass	15/07/2015
Driving experience	5 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82013633
Alt. Phone Number	+65-82013633
Email Address	NURUL.INSYIRA@HOTMAIL.CO.UK
Address	114 BUKIT BATOK WEST AVE 6
Address complement	#02-194
Postcode	650114
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TIARA
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SLK6643E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Accident report SA1921550002

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

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:

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

Accident report SA1921550002

Date of accident: 04/05/21   Time: 1800   Location: CTE towards AYE

My Vehicle A: SLJ7946E   Vehicle B: SLK6643E   Vehicle C: _____

SKETCH PLAN

B A C
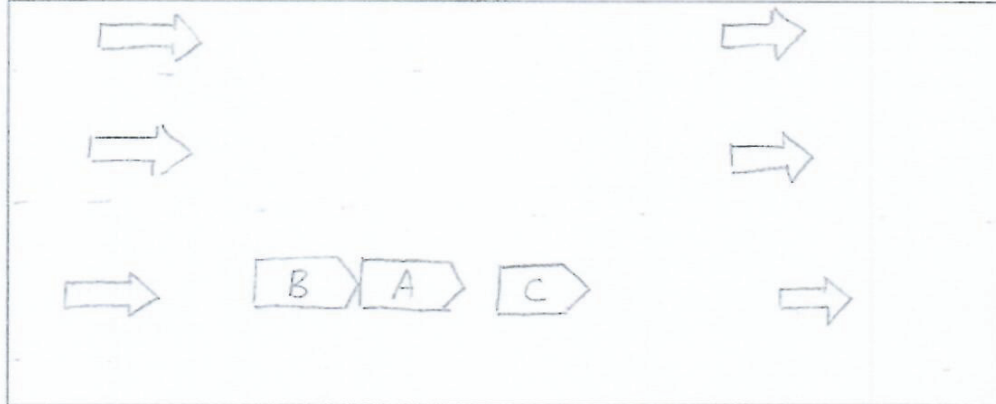
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

It was during peak hour traffic. I had to brake because the taxi in front of me stopped suddenly. I managed to stop my car. A few seconds later, I was hit from the back by a car. My car was stationary at that point of time. There was no collision between my car and vehicle C.

☐ Claim OD/TP at Ah Lim Motor   ☑ Claim OD/TP at other workshop   ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop   :
Email address   :
& myself   :
Email address   :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

_____   _____   _____
Policyholder's Signature   Driver's Signature   Reporting Centre Personnel's Signature
Date & Time: (If driver is not the policyholder)   Name:
                           Date & Time: NRIC/FIN No.: