

SN072161000G / NTUC Income Insurance Co-operative Ltd
ENTRY DATE & TIME: 18/06/2021 16:31 (SGT)
SUBMITTED BY: Suman Sukumar
VERSION: 1 (18/06/2021 16:31 (SGT))



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	18/06/2021 16:31 (SGT)
Date of Accident	18/06/2021 14:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	67 UBI CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK7953Y
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	LINK ELECTRICAL PTE LTD
Company Reg No	200300602W
Email Address	LINKPL@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91001719
Alternative Phone No	(Office) +65-67451126

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	720

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5119938032
Cover Note Number	-

DRIVER

Name of Driver	GEORGE SANEVA VIKIN
Passport No	960051611

Accident report SN072161000G

Date Of Birth	02/04/1988
Occupation	Outdoor
Date Of Driving Pass	09/06/2021
Driving experience	0 MONTH
Gender	Male
Mobile Number	(Phone) +65-82395242
Alt. Phone Number	-
Email Address	LINKEPL@YAHOO.COM.SG
Address	67 UBI CRESCENT
Address complement	#03-11 TECHNIQUES CENTRE
Postcode	408560
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 on collision
Weather Conditions	Clear
Road Surface	Wet

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 THE 18062021 AT 1400HRS I WAS DRIVING VEHICLE GBK7953Y. I WAS ENTERING CARPARK OF THE VICINITY. A VEHICLE SLA886M WAS COMING OUT OF CARPARK AND TURNED INTO MY PATH AGAINST TRAFFIC AND COLLIDED INTO MY VEHICLE.

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	ADV OI TO SEND VIDEO TO MOTORVIDEO@INCOME.COM.SG
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLA886M
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SHIMIO BOHIO

NRIC No	S7185174E
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. The form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The report will be forwarded by the insurers to the QIA 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 lodging 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 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 possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) 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 purposes of:
 - (i) processing, handling and dealing with my claims including the settlement of my claims and any necessary investigation 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 handling of correspondence, statements, invoices, reports or notices to me, which may involve disclosure of certain personal data about me to bring about delivery of the same as well as on the externalisation of my personal data to the Insurers;
 - (v) from time to time, collecting, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) All insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 be transferred by any of the Insurers and/or GIA to their third party service providers or authorised agents of the Insurers, the Insurers' lawyers/law firms, to Singapore, for one or more of the above Purposes;
- (d) My Personal Information will be used, disclosed and/or transferred to my employer for the purpose of fraud detection, investigation and/or for any other legal or regulatory purposes;
- (e) The information on my accident and/or my claims may be shared with:
 - (i) all Insurers who have insured vehicle(s) involved in this accident for investigating, settling, controlling or managing fraud, disputes, claims and/or for any other government or public use reasonably required for the purposes stated; or
 - (ii) for complying with any summons, order or any regulations, laws or court orders.



Policyholder's Signature
Date & Time: 18/06/2021
1600101

Authorized Driver's Signature
Date & Time: 18/06/2021
1600101

Reporting Centre Personnel's Signature
Name: Sumit Kumar
Ref/ID No: SPB2363C

SKETCH PLAN #2

SKETCH PLAN

NO - 67.

CAR
PAK



BUILDING
UNIT 67

UBI CRESCENT.

A: GBK 79534
B: SLA886M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS.

DECLARATION

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



Police Officer's Signature
Date & Time 18/06/2021
1600HJ

Driver's Signature
(If driver is not the policyholder)

Date & Time 18/06/2021
1600HJ

Reporting Centre Personnel's Signature

Name Sumit Sukumar
NRIC/FIN No. S8823603C