

# 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 .....	29/06/2021 19:47 (SGT)
Date of Accident .....	29/06/2021 14:30 (SGT)
Exact Location of Accident .....	Jurong West Street 51, Singapore
Additional Location Information .....	CARPARK OF BLOCK 501 JURONG WEST STREET 51
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKX1520C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JUNAZRIANI BINTE LITMEE
NRIC No .....	SXXXX902B
Email Address .....	muppet.dyna@gmail.com
Mobile Phone No .....	(Phone) +65-96508080
Alternative Phone No .....	(Home) +65-96508080

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	Tiguan
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 .....	1390

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5121859260
Cover Note Number .....	-

### DRIVER

Name of Driver .....	RAHMAT BIN AGUSTINUS
NRIC No .....	SXXXX215F

Date Of Birth .....	25/04/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	02/11/2009
Driving experience .....	11 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96508080
Alt. Phone Number .....	-
Email Address .....	muppet.dyna@gmail.com
Address .....	BLK 217A BOON LAY AVNUE
Address complement .....	#13-239
Postcode .....	641217
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
Does Driver Own Other Vehicles? .....	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver .....	FBL3069X
Insurance Company of Other Vehicle Owned by Driver .....	Direct Asia Insurance (Singapore) Pte Ltd

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collided into Parked Vehicle
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 vehicle 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 SKETCH PLAN 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 .....	SLB8297E
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 ..... -  
No. Of Passenger (Including Driver) ..... -

## SKETCH PLAN

### IMPORTANT NOTICE

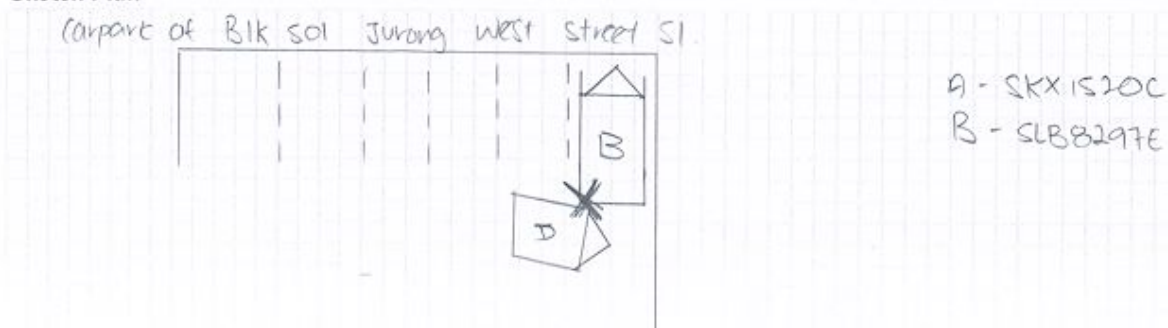
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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

### Sketch Plan



## Describe Circumstances of the Accident

On the stated date and time,  
 I was driving 'vehicle A' along the  
 carpark of block 501 Jurong West street 51.  
 While intending to make a right turn to  
 exit the carpark, my left front portion  
 collided onto the 'vehicle B's' left rear portion.

## Declaration

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date &  
 Time

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

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 Witnessed by Reporting Centre  
 Personnel









































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: 566550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1E216T0008 Vehicle Registration No: SKX1520C  
Name (as shown in NRIC) : RAHMAT BIN AGUSTINUS NRIC/FIN/Passport No : SXXXX215F  
(\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
Address : 217A BOON LAY AVENUE #13-239 S(641217) Singapore( )  
Contact (Tel) : Mobile No. : 9650 8080  
Email Address : muppet.dyna@gmail.com  
Date of Accident : 29/06/2021 Time of Accident : 14:30hr  
Place of Accident : CARPARK OF BLOCK 501 JURONG WEST ST 51  
Insurance Company: NTUC INCOME

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend to 3rd Party Claim, and to state that Vehicle Number - SLB 8297 E,  
was reversing out of his lot when the collision happened.

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Policyholder / Driver's Signature  
Date: 29/06/2021

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



## Certificate of Insurance

- MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
- MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
- ROAD TRANSPORT ACT, 1987 (MALAYSIA)
- ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)
- MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5121859260

- |  |                           |
|--|---------------------------|
| 1. Index mark and Registration Number of Vehicle | Cover : drive CLASSIC     |
| Chassis Number                                   | : SKX1520C                |
| 2. Name of Policyholder                          | : WVGZZ5NZGW026437        |
| 3. Effective Date of Insurance                   | : JUNAZRIANI BINTE LITMEE |
| 4. Expiry Date of Insurance                      | : 23 Apr 2021             |
|  | : 22 Apr 2022             |

5. Persons or Classes of Persons entitled to drive#
- (a) The Policyholder.
  - (b) Any other person who is driving on the Policyholder's order or with his/her permission.
- Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

- (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.
- This Policy does not cover**
- (a) Use for hire or reward.
  - (b) Use for racing, pace-making, reliability trial or speed-testing.
  - (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
  - (d) Use for any purpose in connection with the Motor Trade.
- # Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: YES
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: JUNAZRIANI BINTE LITMEE
NAMED DRIVER (1)	: N/A
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: MAYBANK SINGAPORE LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : ASSURE (SINGAPORE) PTE. LTD. (00000615327)  
 Date of Issue : 21 Apr 2021 12:27 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive