

## 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	06/07/2021 10:49 (SGT)
Date of Accident	05/07/2021 15:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE TOWARDS TUAS AT CLEMENTI AVE 6 ENTRANCE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB5330T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED RAFIT S/O SYED AHMED
NRIC No	S1526045I
Email Address	ZAINUBBE@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96990714
Alternative Phone No	+65-96990714

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	3000

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5058521266-08
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMED RAFIT S/O SYED AHMED
NRIC No	S1526045I

Date Of Birth	22/08/1962
Occupation	Indoor
Date Of Driving Pass	05/06/1993
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96990714
Alt. Phone Number	+65-96990714
Email Address	ZAINUBBE@HOTMAIL.COM
Address	BLK 247 #04-70 BUKIT BATOK EAST AVENUE 5
Address complement	-
Postcode	650247
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 - Change/cross lane
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)	8
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	MARY
Gender	Female

#### PASSENGER 2

Name	PAX 1
Gender	Male

#### PASSENGER 3

Name	PAX 2
Gender	Male

#### PASSENGER 4

Name	PAX 3
Gender	Male

#### PASSENGER 5

Name	PAX 4
Gender	Male

#### PASSENGER 6

Name	PAX 5
Gender	Male

#### PASSENGER 7

Name	PAX 6
Gender	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?  
Was notice of intended Prosecution given?  
If yes, against whom?

No  
No  
-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?  
Was there any video captured by Car Camera?  
Reasons for not uploading a video of the accident  
Was there any audio recorded?

Yes  
Yes  
ADV TO SEND TO MOTORVIDEO@INCOME.COM.SG  
No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA8993C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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7. By the lodgment 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.
- (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:

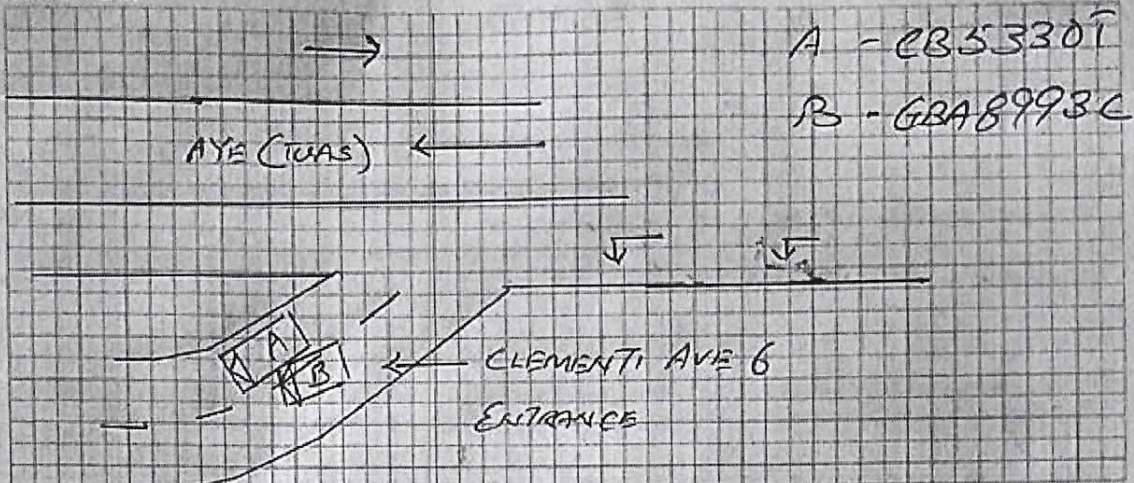
6.7.2021.

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

Reporting Centre Personnel's Signature  
Name: LOO HAN HO  
NRIC/FIN No.: S7140077H



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON MY LANE TURNING INTO CLEMENTI  
 AVE 6. WHILE DRIVING STRAIGHT, SUDDENLY VEH B  
 LOST CONTROL OF HIS CAR AND COLLIDED ONTO  
 MY LEFT SIDE.

DECLARATION

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

*[Signature]*

Policyholder's Signature  
 Date & Time:

6.7.2021.

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

*[Signature]*

Reporting Centre Personnel's Signature  
 Name: LOO HAN HO  
 NRIC/FIN No.: S7110877H

