

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 15:11 (SGT)
Date of Accident	06/07/2021 08:48 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE(CHANGI) AFTER JURONG WEST AVENUE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH5954E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMAD BUDIMAN BIN JAMAIL
NRIC No	S7331531Z
Email Address	BUDIMAN@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-97994753
Alternative Phone No	+65-97994753

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Vitara
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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114060548-01
Cover Note Number	-

DRIVER

Name of Driver	MOHAMMAD BUDIMAN BIN JAMAIL
NRIC No	S7331531Z

Date Of Birth	06/09/1973
Occupation	Indoor
Date Of Driving Pass	01/09/2004
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97994753
Alt. Phone Number	+65-97994753
Email Address	BUDIMAN@SINGNET.COM.SG
Address	BLK 604 #02-201 JURONG WEST STREET 62
Address complement	-
Postcode	640604
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	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 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

ON THE 06/07/2021 AT 0848HRS I WAS TRAVELLING ALONG PIE(CHANGI) AFTER ENTERING FROM JURONG WEST AVE 2. I HAD FULLY ENTERED INTO EXPRESSWAY AND WAS ON MOST LEFT LANE. TRAFFIC WAS SLOW MOVING. I FELT AN IMPACT AND SAW THAT A VEHICLE SKX5605R WHO WAS ON THE MIDDLE LANE CHANGED INTO MY LANE AND HIT MY CAR ON THE RIGHT REAR SIDE.

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	SKX5605R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	YONG POH HWA

NRIC No	S1132365J
Contact Number	(Phone) +65-92379716
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**

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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

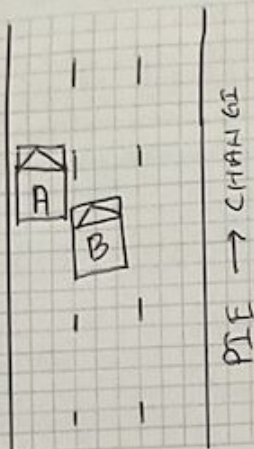
Date & Time: 06/07/2021
1445HRS.

Driver's Signature

(If driver is not the policyholder)
Date & Time: 06/07/2021
1445HRS.

Reporting Centre Personnel's Signature

Name: SUMAH PUKUMMA
NRIC/FIN No.: SP023603E



A: SLH5954E

B: ~~SKX5605R~~
SKX5605R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO GEARS FOR STATEMENT.

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

Date & Time: 06/07/2021

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(If driver is not the policyholder)

Date & Time: 06/07/2021

445725

Reporting Centre Personnel's Signature

Name: Suman Gulamman

NRIC/FIN No.: SP236038



















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: S66550020G / 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 : SN072176000M Vehicle Registration No: SLH5954E
Name (as shown in NRIC) : MOHAMMAD BUDIMAN BIN JAMAIL NRIC/FIN/Passport No : S7331531Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 604 #02-201 JURONG WEST ST 62 Singapore 640604
Contact (Tel) : — Mobile No.: 9799 4753
Email Address : BUDIMAN @ SINGHET . COM . SG
Date of Accident : 06/07/2021 Time of Accident : 0848
Place of Accident : PIE (CHANGI) AFTER
Insurance Company: NMC 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:

LOCATION TO UPDATE TO " PIE (CHANGI) AFTER
JURONG WEST AVENUE 2 . "

Policyholder / Driver's Signature
Date: 06/07/2021

Reporting Centre Personnel's Signature
Name: BUDIMAN BUDIMAN
NRIC/FIN No.: S82360X
Date: 06/07/2021

GIARMC addendumform_V3