# 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 witholding of material facts may allow insurance companies to repudiate 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to repuddance 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 23/08/2021 12:41 (SGT) Date of Accident 22/08/2021 14:35 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG UPPER SERANGOON ROAD TOWARDS CITY Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLH5078J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner G-PAZ PTE, LTD Company Reg No 201705305H Email Address GAVIN.GPAZ@GMAIL.COM Mobile Phone No (Phone) +65-98335627 Alternative Phone No +65-98335627

#### VEHICLE PARTICULARS

Manufacturer Model **COROLLA ALTIS** Variant ..... Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto 1600

### INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Yes Policy Number 5111764183-02 Cover Note Number

DRIVER

Name of Driver TAN KOK MING NRIC No S7060329B

Date Of Birth 12/11/1970 Occupation Indoor Date Of Driving Pass 21/08/2000 Driving experience 21 YEARS Gender Male Mobile Number (Phone) +65-81180636 Alt. Phone Number Email Address TKM3626@GMAIL.COM Address BLK 532 HOUGANG AVENUE 6 #04-305 Address complement Postcode 530532 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured RENTEE Does Driver Own Other Vehicles? 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name **UNKNOWN** Gender Male PASSENGER 2 Name UNKNOWN Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

ON THE SAID AND LOCATION I WAS AT THE EXTREME LEFT LANE OF FOUR LANE.AS VEHICLE INFRONT OF ME STOP AS THERE IS A BUSTOP AHEAD I THEN SLOW DOWN AND STOP BEHIND THE CAR,A FEW SECONDS LATER I FELT AN IMPACT ON MY REAR AS V2:SLB4590J HIT INTO MY VEH.AS INFORM BY V2 DRIVER TOLD ME THAT V3:SLV1696C HIT INTO HIS VEH AND THEN V2 NEGOTIATE FORWARD AND BUMPED INTO MY CAR.

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**



Vehicle Registration Number	SLB4590J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ARAVIN JONATHAN
NRIC No	S9415372G
Contact Number	(Phone) +65-90029820
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	2

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV1696C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	FOO SOO HUA
NRIC No	S1374068B
Contact Number	(Phone) +65-96557261
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



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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)
  - (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

ig with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 23 06 2001

Driver's Signatur (If driver is not the policyholder) Date & Time: 25 of 2031

Reportin re Personnel's Signature Name: Allman JURY DY NRIC/FIN No.: 8992 991

