

# 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 ..... 11/09/2021 14:45 (SGT)  
Date of Accident ..... 10/09/2021 22:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PAYA LEBAR ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ6733A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GRACE ON WHEELS AUTOMOBILE PTE LTD  
Company Reg No ..... 201833077C  
Email Address ..... GRACEOWHEELS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-97863934  
Alternative Phone No ..... +65-97863934

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 ..... Private hire  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... Yes  
Policy Number ..... 5113203709-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... JANULABUDEEN S/O P S MOHAMED HANIFA  
NRIC No ..... S7716059J

Date Of Birth .....	22/05/1977
Occupation .....	Outdoor
Date Of Driving Pass .....	12/01/2001
Driving experience .....	20 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-87002105
Alt. Phone Number .....	-
Email Address .....	janu220577@gmail.com
Address .....	BLK 290D BUKIT BATOK EAST AVENUE 3
Address complement .....	#03-362
Postcode .....	651290
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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 to Rear
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 10TH SEPT 2021 AT ABOUT 2220HRS, I WAS TRAVELLING ON PAYA LEBAR ROAD TOWARDS BARTLEY BEFORE MACPHERSON ROAD JUNCTION. I STOPPED BEFORE THE JUNCTION AS THE TRAFFIC LIGHT WAS RED AND THERE WAS 2 CARS IN FRONT OF ME. WHILE I WAS STATIONARY, I FELT AN IMPACT ON THE REAR OF MY CAR AND REALISE THAT CAR SNA7733B HAD COLLIDED AGAINST THE REAR OF MY CAR. WE SUBSEQUENTLY TOOK PHOTOS OF THE ACCIDENT AND EXCHANGED PARTICULARS.

#### 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 .....	SNA7733B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KOH CHIN TIONG (XU JINZHONG)
NRIC No .....	S7345864A
Contact Number .....	(Phone) +65-97620555
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: 11/9/2021  
1430M

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11/9/2021  
1430M

Reporting Centre Personnel's Signature

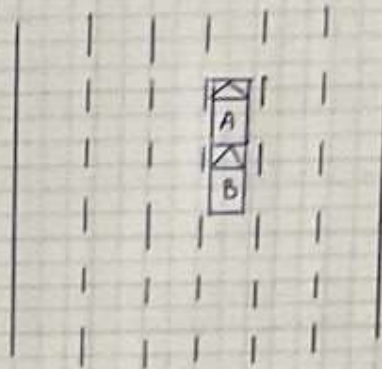
Name: SHAN  
NRIC/FIN No.: S990349



SKETCH PLAN

A-SL26733A  
B-SNA7733B

Paye Labor road towards Bartley  
before Macpherson road



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to gear

DECLARATION

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

Policyholder's Signature  
Date & Time: 11/9/21  
1430hrs

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11/9/21  
1430hrs

Reporting Centre Personnel's Signature  
Name: SNAW  
NAIC/FIN No.: 390349























