

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	16/08/2021 21:24 (SGT)
Date of Accident	16/08/2021 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF MARINA BOULEVARD AND SHEARES AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3101C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AL-RASHID BIN MOHAMED ALIAS
NRIC No	S7829073J
Email Address	AL.RASHID78@YAHOO.COM
Mobile Phone No	(Phone) +65-96406667
Alternative Phone No	+65-96406667

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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 your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122452603
Cover Note Number	-

DRIVER

Name of Driver	AL-RASHID BIN MOHAMED ALIAS
NRIC No	S7829073J

Date Of Birth	02/10/1978
Occupation	Indoor
Date Of Driving Pass	06/02/2002
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96406667
Alt. Phone Number	+65-96406667
Email Address	AL.RASHID78@YAHOO.COM
Address	BLK 632 #05-400 PASIR RIS DRIVE 3
Address complement	-
Postcode	510632
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 - Cross Junction
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

ON THE SAID DATE AND LOCATION I WAS ON THE THIRD LANE AND VEH A:SLJ5266Y WAS ON THE FOURTH LANE.I WAS APPROACHING THE JUNCTION TO TURN LEFT TO SHEARES AVE.AS MY LANE DIRECTION MARK IT CAN TURN LEFT AND GO STRAIGHT.FOR LANE FOURTH AND FIFTH VEHICLE CAN ONLY TURN LEFT.WHEN I MAKE THE TURN SUDDENLY VEH A COLLIDED INTO MY REAR LEFT SIDE PASSENGER DOOR AS VEH A WAS GOING STRAIGHT WHICH HIS LANE MARKING DIRECTION CAN ONLY TURN LEFT AND NOT GOING STRAIGHT.NO INJURY IN THIS CASE.

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	SLJ5266Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	CHOO CHEE KHENG

NRIC No	S7519234G
Contact Number	(Phone) +65-85111263
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

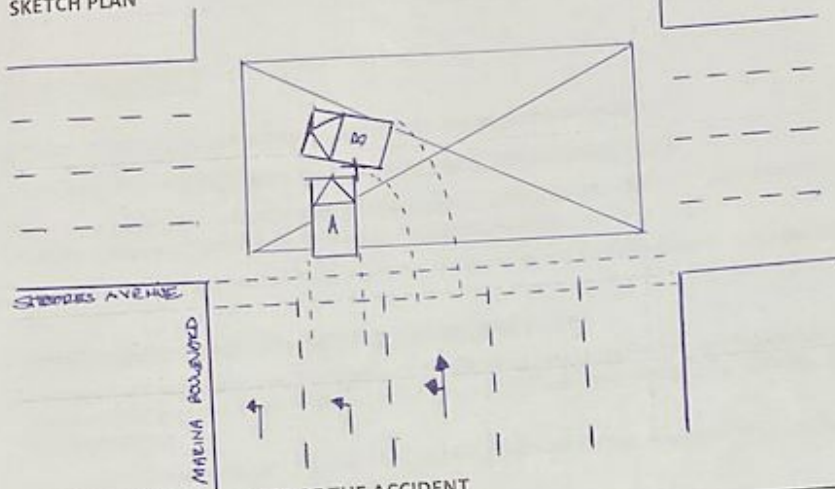
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 16/01/2021

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

Reporting Centre Personnel's Signature
Name: ANTHONY SIVAM
NRIC/FIN No: 8992 991

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lined area for describing the circumstances of the accident. The area contains several horizontal lines and two diagonal lines drawn across the space.

DECLARATION

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

Policyholder's Signature
Date & Time 10/02/2024

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

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: 5992491















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 : SN07218G001B Vehicle Registration No: SMC3101C
Name (as shown in NRIC) : AL-RASHID BIN MOHAMED ALIAS NRIC/FIN/Passport No : S7829073J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 632 #05-400 PASIR RIS DRIVE 3 Singapore (510632)
Contact (Tel) : NIL Mobile No. : 96406667
Email Address : AL.RASHID78@YAHOO.COM
Date of Accident : 16/08/2021 Time of Accident : 09:50
Place of Accident : JUNCTION OF MARINA BOULEVARD AND SHEARES AVENUE
Insurance Company: INCOME INSURANCE

(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:

To change TPV number from SLJ9268Y
to
SLJ5266Y


Policyholder / Driver's Signature
Date: 30/08/2021


Reporting Centre Personnel's Signature
Name: Raymond Teo
NRIC/FIN No.: S098883
Date: 30/08/2021