

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. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 16/09/2021 16:47 (SGT) Date of Accident 15/09/2021 13:35 (SGT) Exact Location of Accident Loyang Ave, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SLJ3665S**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MUHAMAD RAHIM BIN SOED NRIC No SXXXX332E Email Address aimboyan0801@gmail.com Mobile Phone No (Phone) +65-97209491 Alternative Phone No (Home) +65-97209491

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission CC

Private hire

No - Claiming third party Private hire Auto

1497

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive

Fleet Policy Policy Number 5118369373-01

Cover Note Number

DRIVER

Name of Driver MUHAMAD RAHIM BIN SOED NRIC No SXXXX332E

Date OF Birth Occupation Date Of Driving Pass 17/12/2004 Date Of Pass Dat							
Date Of Driving Pass 17/12/2004 18 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-97/200491 (Home) +65-97/200	Date Of Birth	08/01/1969					
Date Of Driving Pass 17/1/22004 Driving experience Gender Male Mobile Number ((Phone) +65-97209491 ((Phone) +65-97209491 ((Phone) +65-97209491 Mobile Number ((Phone) +65-97209491 Mobile Number ((Phone) +65-97209491 Mobile Number Holdess BLK 139 TAMPINES STREET 11 Mod-64 Postcode Street Holdess BLK 139 TAMPINES STREET 11 Mod-64 Postcode Street Holdess Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Clear Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident? Yes Was any other vehicles involved in the accident? Yes Was any other conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Was any other doneyed to hospital by ambulance? No Was any other been approached by unknown person(s) soliciting offering accident claims assistance? DETAILS OF POLICE ACTION Was note of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN ATTACHED ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any sudio recorded? No Was there any sudio recorded? Yes Was there any sudio recorded?	Occupation	Outdoor					
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Mobile Number (Phone) +65-97209491 Att. Phone Numbre Email Address Address Address Address BLK 139 TAMPINES STREET 11 M04-54 Postcode S21139 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Weather Conditions Clear Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident? Was any foreign vehicle involved in the accident 2 Was any prijured conveyed to hospital by ambulance? Was any injured conveyed to hospital by ambulance? No Was any injured conveyed to hospital by ambulance? No Was any injured conveyed to hospital dip sunbulance? No Was any injured conveyed to hospital dip sunbulance? No Was any injured conveyed to hospital dip sunbulance? No Was any other bene approached by unknown person(s) soliciting/offering accident claims assistance? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Phone No (Phone) +65-18002440000 (Fax) +65-64443009 30 Bedok North Road Singapore 469675 Was notice of intended Prosecution given? REFER TO SKETCH PLAN ATTACHED ATTACHMENTIS) Are accident photos available for attachmen? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes Was there any video captured by Car Camera? Yes	• .						
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DETAILS OF OTHER VEHICLE PROPERTY 1							
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Vehicle Registration Number SKC7098B	Vehicle Registration Number	SKC7008B					
Vehicle Manufacturer - SKC7098B		OIVO / 0300					
Vehicle Model -		•					
		•					
Vehicle Colour		-					

Private car

Vehicle Colour Vehicle Category

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)	

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	MUHAMAD RAHIM BIN SOED Male
Phone No	(Phone) +65-97209491
Address	BLK 139 TAMPINES STREET 11
Address Complement	#04-64
Post Code	521139
Approximate Age Years Old	52
Injuries Sustained	3 DAYS MC
Injured person in which vehicle?	SLJ3665S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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. The 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.)

Policyholder's Signature / Date &

LOYANG

AVE

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

Witnessed by Reporting Centre 5

Co. Reg. N

Sketch Plan

Time

Vehicle A: SIJ 366t S

Vehicle B: SKC 7098B

Accident report SA1E219G0007

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Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre