

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 04/10/2021 12:11 (SGT)
Date of Accident 03/10/2021 09:50 (SGT)
Exact Location of Accident Near 27 Lor 1 Geylang, Singapore 382008
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKE8942Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner RAIMI BIN KASNAN
NRIC No SXXXX598A
Email Address lynrai@gmail.com
Mobile Phone No (Phone) +65-93709370
Alternative Phone No +65-93709370

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 hire
Transmission Auto
CC 1339

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5120755549
Cover Note Number -

DRIVER

Name of Driver RAIMI BIN KASNAN
NRIC No SXXXX598A

Date Of Birth	24/01/1968
Occupation	Indoor
Date Of Driving Pass	03/03/1992
Driving experience	29 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93709370
Alt. Phone Number	+65-93709370
Email Address	lynrai@gmail.com
Address	BLK 980 JURONG WEST STREET 93
Address complement	#11-341
Postcode	640980
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	Side Swipe
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

I WAS DRIVING ALONG LOR 1 GEYLANG TOWARD THE JUNCTION OF SIMS AVENUE, I WAS DRIVING STRAIGHT, SUDDENLY THERE IS A TAXI DO NOT KNOW CAME FROM WHICH LANE AND HIT ONTO MY RIGHT HAND FRONT.

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	SHC4940A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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) -

SKETCH PLAN

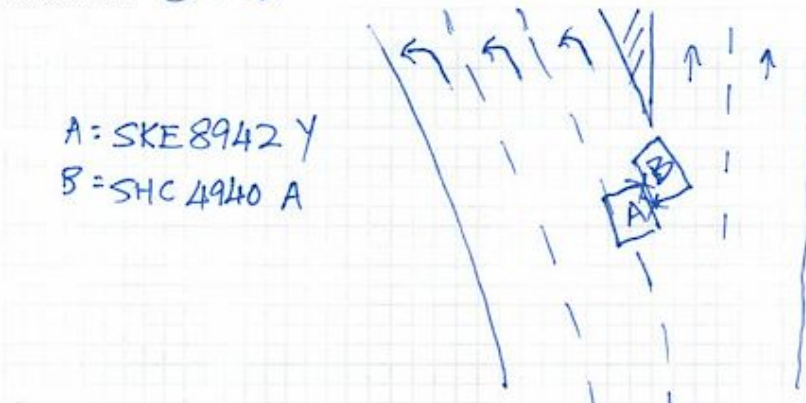
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.


Policyholder's Signature / Date & Time: 4/10/2021 @ 10:36.
Sketch Plan

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


Witnessed by Reporting Centre Personnel: Chang Huei Sing 170W



Describe Circumstances of the Accident

I was driving along Lor 1 Eneyang toward the junction of Sims Avenue, I was driving straight, suddenly there is a taxi do not know come from which lane and hit onto my Right hand front.

Declaration


We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

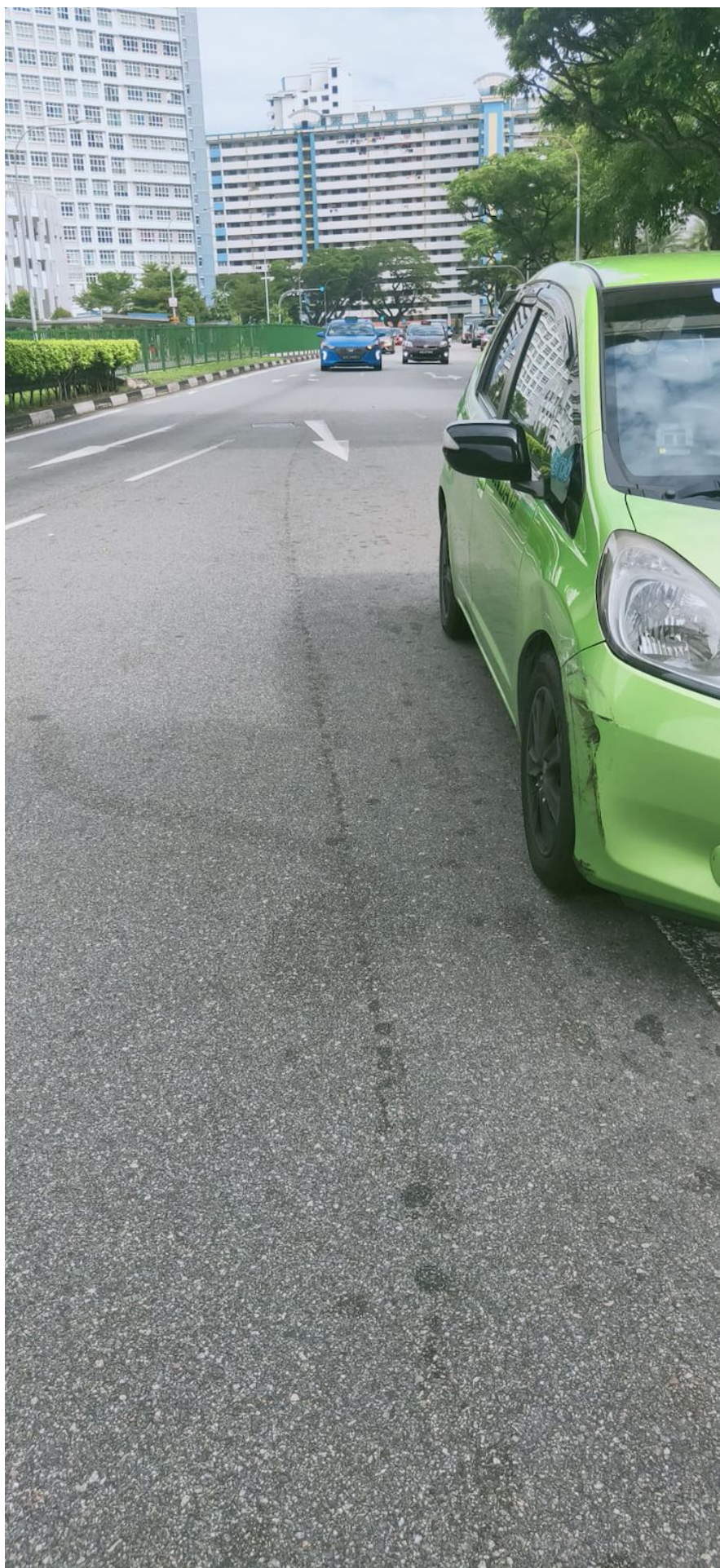

4/10/2021
@ 10:36

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

Witnessed by Reporting Centre Personnel


Chang Chee Sing
170W

















































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No: SP0Q21A40001 Vehicle Registration No: SKE8942Y
 Name (as shown in NRIC): Raimi Bin Kosnan NRIC/FIN/Passport No: Sxxxx598A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 93709370
 Email Address: lynrai@gmail.com
 Date of Accident: 03/10/2021 Time of Accident: 09:50 hrs.
 Place of Accident: Near 27 Lor 1 Geylang, Singapore 382008.
 Insurance Company: NTUC 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:

To 'change claim type from
'Reporting Only' to 'Third Party' claim.


 Policyholder / Driver's Signature
 Date: 11/10/2021


 Reporting Centre Personnel's Signature
 Name: Chang Chee Sing
 NRIC/FIN No.: 170V
 Date: 11/10/2021