



## 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	19/10/2021 13:44 (SGT)
Date of Accident	16/10/2021 14:30 (SGT)
Exact Location of Accident	39 Robinson Rd, Singapore 068911
Additional Location Information	ROBINSON POINT
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ6012Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HASLINA BINTI HASSAN
NRIC No	S7132643H
Email Address	yusridaud299@gmail.com
Mobile Phone No	(Phone) +65-98254913
Alternative Phone No	+65-98254913

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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 car
Transmission	Auto
CC	2400

#### INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5122286181
Cover Note Number	-

#### DRIVER

Name of Driver	YUSRI BIN DAUD
NRIC No	S1743060B

Date Of Birth	02/05/1966
Occupation	Indoor
Date Of Driving Pass	21/12/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90112534
Alt. Phone Number	-
Email Address	yusridaud299@gmail.com
Address	BLK 256 COMPASSVALE ROAD #03-682
Address complement	-
Postcode	540256
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	HASLINA BINTI HASSAN
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

MY VEHICLE PARKED STATIONARY WITH HAZARD LIGHTS ON AT 39 ROBINSON ROAD, ROBINSON POINT. MY WIFE AND ME WAS INSIDE THE VEHICLE WAITING FOR MY PASSENGER. SUDDENLY, I FELT AN IMPACT FROM THE LEFT SIED. VEHICLE B COLLIDED ONTO THE WHOLE LEFT SIDE OF MY VEHICLE AND CAUSED DAMAGES. AFTER THE COLLISION, VEHICLE B NEVER STOPPED AND DROVE AWAY. I CHASED HIM AND MANAGED TO STOP HIM AND HE ADMITTED HIS FAULT AND APOLOGISED TO ME. INITIALLY, VEHICLE B WISH TO COMPENSATE ME. HOWEVER, WE CANNOT COME INTO AGREEMENT WITH THE REPAIR COST. THEREFORE, WE DECIDE TO PROCEED WITH INSURANCE CLAIMS.

#### 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	SNA3397P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
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.

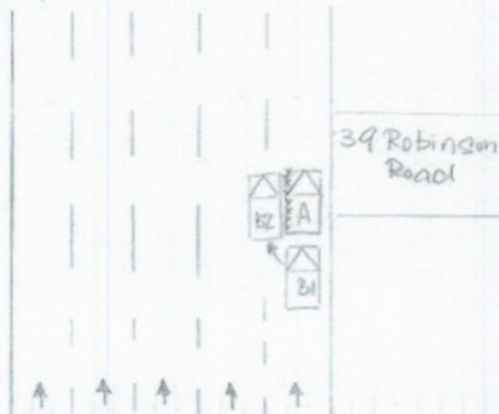
Policyholder's Signature / Date & Time

Sketch Plan

19/10/21

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

Witnessed by Reporting Centre Personnel



A: SLZ 6012Y  
B: SNA 3397P  
39 Robinson Road,  
Robinson Point

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

My vehicle parked stationary with hazard lights on at 39 Robinson Road, Robinson Point .  
My wife and me was inside the vehicle waiting for my passenger.

Suddenly, I felt an impact from the left side. Veh "b" collided into the whole left side of my vehicle and caused damage.

After the collision, veh "b" never stopped and drove away, I chased him and managed to stop him and he admitted his fault and apologized to me.

Initially, veh "b" wish to compensate me however we cannot come into agreement with the repair costs, therefore we decide to proceed with insurance claims


**DECLARATION**

I/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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: