

## 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              | 29/10/2021 11:27 (SGT) |
| Date of Accident                | 27/10/2021 18:15 (SGT) |
| Exact Location of Accident      | Singapore              |
| Additional Location Information | PIE TOWARDS CHANGI     |
| Country/State of Loss           | Singapore              |

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SMT1016P

#### INSURED/POLICYHOLDER

|                          |                        |
|--------------------------|------------------------|
| Is company?              | No                     |
| Name Of Registered Owner | ZAITON BINTE SAMAT     |
| NRIC No                  | SXXXX175E              |
| Email Address            | FANDYFND94@HOTMAIL.COM |
| Mobile Phone No          | (Phone) +65-91003931   |
| Alternative Phone No     | +65-91003931           |

#### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer   | BMW                       |
| Model  | 216d                      |
| 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   | 1496                      |

#### INSURANCE COMPANY

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Type of Coverage          | Comprehensive                          |
| Fleet Policy              | No                                     |
| Policy Number             | 5118529333-01                          |
| Cover Note Number         | -                                      |

#### DRIVER

|                |                    |
|----------------|--------------------|
| Name of Driver | ZAITON BINTE SAMAT |
| NRIC No        | SXXXX175E          |



|  |                                 |
|--|---------------------------------|
| Date Of Birth  | 12/06/1958                      |
| Occupation   | Indoor                          |
| Date Of Driving Pass   | 28/12/1991                      |
| Driving experience   | 29 YEARS AND 10 MONTHS          |
| Gender   | Female                          |
| Mobile Number  | (Phone) +65-91003931            |
| Alt. Phone Number  | +65-91003931                    |
| Email Address  | FANDYFND94@HOTMAIL.COM          |
| Address  | BLK 180A BOON LAY DRIVE #08-678 |
| Address complement   | -                               |
| Postcode   | S641180                         |
| 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 - 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?  | Yes |
| Was any injured conveyed to hospital by ambulance?  | No  |
| 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   | MOHD RAFFI BIN BAKAR |
| Gender | Male                 |

#### DETAILS OF POLICE ACTION

|   |   |
|---|---|
| Was the accident reported to the police?  | Yes   |
| Police Station Name                       | Hong Kah South Neighbourhood Police Post              |
| Police Station Phone No                   | (Phone) +65-18005648999                               |
| Alt. Police Station Phone No              | (Fax) +65-66655797                                    |
| Police Station Address                    | Blk 510 Jurong West Street 52 #01-90 Singapore 640510 |
| Was notice of intended Prosecution given? | No  |
| If yes, against whom?                     | -   |

#### CIRCUMSTANCES OF ACCIDENT

#### PLEASE REFER ATTACHMENT

#### 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 | SMA3201H |
| Vehicle Manufacturer        | -        |

SKETCH PLAN

IMPORTANT NOTICE

1. Offsets may be entered, the driver of the accident to be specified by the claimant.
2. This form must be completed by the Police Officer and/or the Accident Investigation Officer.
3. Information provided must be as truthful and complete as possible. Any false representation or withholding of material facts may void insurance cover and/or render the policyholder liable.
4. The insured's acceptance of this Form by insurance company is not an admission of policy liability on the part of the insurance company.
5. Any facts relevant may be referred to the Police for investigation.
6. The report is also forwarded by the insurers of the QA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties. Any person requested 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 to interested parties.
7. Consent under the Personal Data Protection Act (PDPA)
8. I hereby acknowledge, agree and consent that:
  - (a) My insurer, my workshop and the General Insurance Association of Singapore (GIAS) may/are permitted to collect, use, disclose and/or process my personal data/personal information without limit [form] and any other personal information provided by me or provided 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 to insurer(s) who have insured vehicle(s) involved in this accident shall be voluntarily provided to as the "Insurers", the Insurance Corporation of Singapore (the Insurance Authority of Singapore) and any relevant government authority (such as the police), for the purpose(s) of:
    - (i) conducting an investigation into the accident and/or my claim;
    - (ii) handling and settling my claim with my insurer(s) or responding to my enquiries by me;
    - (iii) responding to my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties about delivery of the claim to third parties on the external cover of an envelope); and
    - (iv) complying with applicable law in order to ensure processing, handling and/or dealing with my claim.
  - (b) I hereby consent to the collection, use, disclosure and/or processing of my personal data/personal information for the purpose(s) of:
    - (i) responding to my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to third parties about delivery of the claim to third parties on the external cover of an envelope); and
    - (ii) complying with applicable law in order to ensure processing, handling and/or dealing with my claim.
9. My insurer(s) who have insured vehicle(s) involved in this accident and the insurers lawfully from, may/are permitted to collect, use, disclose and/or process my personal data/personal information for one or more of the above purposes, and
10. My Personal Information may/are be disclosed by any of the insurers under GIAS to third party service providers or agents (including but not limited to third parties) who may be used within of Singapore, for one or more of the above purposes.

Sketch Plan




Policyholder's Signature / Date: \_\_\_\_\_  
 Driver's Signature / Date: \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel: \_\_\_\_\_  
 Date: \_\_\_\_\_