

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	18/11/2021 17:19 (SGT)
Date of Accident	18/11/2021 08:15 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	UPPER CHANGI ROAD EAST SLIP ROAD BEFORE EXIT TO PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6451T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIYANA ATHIRAH BINTE ZAINAL ABIDIN
NRIC No	SXXXX256C
Email Address	liyanaathirah@gmail.com
Mobile Phone No	(Phone) +65-96391676
Alternative Phone No	(Home) +65-96391676

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Accent
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	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5111350223-02
Cover Note Number	-

DRIVER

Name of Driver	LIYANA ATHIRAH BINTE ZAINAL ABIDIN
NRIC No	SXXXX256C

Date Of Birth	22/11/1993
Occupation	Indoor
Date Of Driving Pass	22/05/2012
Driving experience	9 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96391676
Alt. Phone Number	(Home) +65-96391676
Email Address	liyanaathirah@gmail.com
Address	APT BLK 231 PASIR RIS DRIVE 4 #12-458
Address complement	-
Postcode	510231
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	Wet

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)	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

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there an video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMY9439Z
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 -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LIYANA ATHIRAH BINTE ZAINAL ABIDIN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SLF6451T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No


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.

Y 
 Policyholder's Signature
 Date & Time: 10/11/11, 4:40 PM

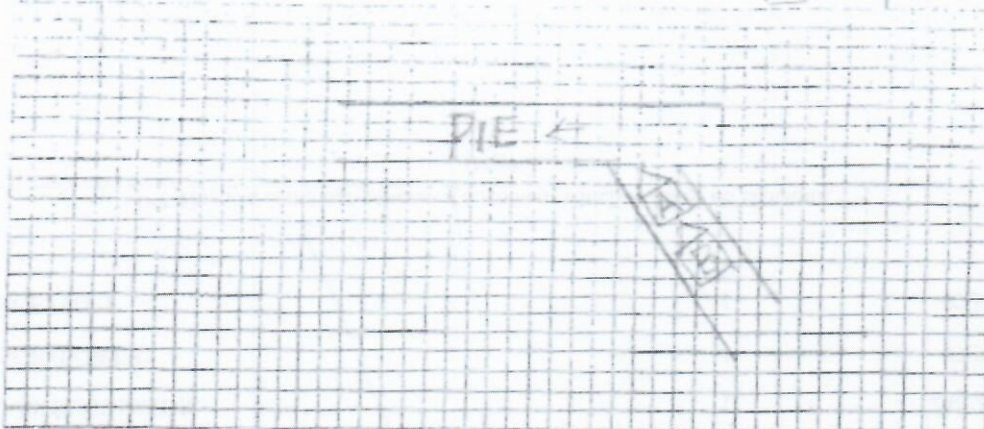
X 
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 10/11/11, 4:40 PM


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

A SLF6451T

B SMY9439Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

EAST

I WAS DRIVING ALONG UPPER CHANGI ROAD, SLIP
ROAD EXIT TO PIE. THERE WAS A TAXI VEHICLE
IN FRONT OF ME STOPPED AND I FOLLOW TO
STOPPED BUT BEHIND VEHICLE NO. SMY9439Z
IMPACT TO MY BACK.

DECLARATION

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 10/11/21 4:40 pm

22-RVC Speed Platform_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/11/21 4:40 pm

Reporting Centre Personnel's Signature

Name:

RBC/PRN No.: