

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:	15/12/2021 16:49 (SGT)
Date of Accident:	10/12/2021 13:38 (SGT)
Exact Location of Accident:	Simei Ave, Singapore
Additional Location Information:	SIMEI AVENUE TURNING TO SIMEI ST 3
Country/State of Loss:	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ594U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	SARIMAH BINTE SADIK
NRIC No	SXXXX626E
Email Address	SAINIARIS@GMAIL.COM
Mobile Phone No	(Phone) +65-97535980
Alternative Phone No	(Home) +65-97535980

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Optra
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	1598

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5042705489
Cover Note Number	-

DRIVER

Name of Driver	SAINI BIN ARIS
NRIC No	SXXXX978E

Pass	04/03/1973
ence	Indoor
	29/08/2008
ie Number	13 YEARS AND 4 MONTHS
nt. Phone Number	Male
Email Address	(Phone) +65-97535980
Address	-
Address complement	SAINIARIS@GMAIL.COM
Postcode	BLK 586 WOODLANDS DRIVE 16 #12-108
Is the driver the policyholder?	-
If No, Relationship of the Driver with the Insured	730586
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	Spouse
	No
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?	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 FROM SIMEI AVENUE TURNING TO SIMEI STREET 3. I STOPPED AT THE ZEBRA CROSSING. VEHICLE B BANGED ME FROM BEHIND.

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	GW4346Y
Vehicle Manufacturer	Isuzu
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	LIM DICKSON
NRIC No	SXXXX481A
Contact Number	(Phone) +65-88358189

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

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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' law firms/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.

(ii) 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 claim.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurer's law firm, may be 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

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Stony Avenue

A: 554 594 U

E = 6W 23457

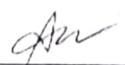
Describe Circumstances of the Accident


I was driving from Simej Avenue turning to
Simej Street 3. I stopped at the zebra crossing,
Vehicle 'R' barged me from behind.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

 15/12/2021
Driver's Signature (If driver is not the policyholder) / Date
& Time


Witnessed by Reporting Centre
Personnel

Name
Insurance
Make of property damaged in accident
Details of property (Including Driver)
Age of Passenger

-
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-
-
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