

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	10/01/2022 15:13 (SGT)
Date of Accident	09/01/2022 13:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LEONIE HILL RD TWDS RIVER VALLEY RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB1965H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TOH HOW KIAM SIMON
NRIC No	SXXXX954C
Email Address	SIMONTOH88@GMAIL.COM
Mobile Phone No	(Phone) +65-90038765
Alternative Phone No	+65-90038765

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123491426
Cover Note Number	DRIVO CLASSIC

DRIVER

Name of Driver	TOH HOW KIAM SIMON
NRIC No	SXXXX954C

Date Of Birth	21/07/1965
Occupation	Outdoor
Date Of Driving Pass	11/01/1983
Driving experience	39 YEARS
Gender	Male
Mobile Number	(Phone) +65-90038765
Alt. Phone Number	+65-90038765
Email Address	SIMONTOH88@GMAIL.COM
Address	BLK 194 RIVERVALE DR #02-755
Address complement	-
Postcode	540194
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 - Major/Minor Rd
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 STATIONARY AT THE LEONIE HILL RD TO GIVE WAY TO THE MAIN ROAD TRAFFIC TO CLEAR. WHEN THTE TRAFFIC WAS CLEAR, I PROCEED TO TURN LEFT TOWARDS RIVER VALLEY RD. VEHICLE B (GBJ4797G) SUDDENLY REVERSED FROM THE RIVER VALLEY RD TOWARDS MY VEHICLE. I SOUNDED MY HORN TO ALERT THE DRIVER AND HIS PASSENGERS BEHIND. VEHICLE B STILL CONTINUED TO REVERSE AND HIT ONTO THE FRONT PORTION OF MY VEHICLE CAUSING DAMAGE. NOBODY WAS INJURED AT THE TIME OF ACCIDENT. I HAVE A IN CAR CAMERA WHICH CAPTURED THE ACCIDENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	TO EMAIL TO NTUC INCOME
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4797G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD HAIDHAR BIN ZULKIFLI
NRIC No	SXXXX578H
Contact Number	(Phone) +65-91194940
Address	BLK 39 CHAI CHEE AVE #08-231
Address complement	-
Postcode	461039
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

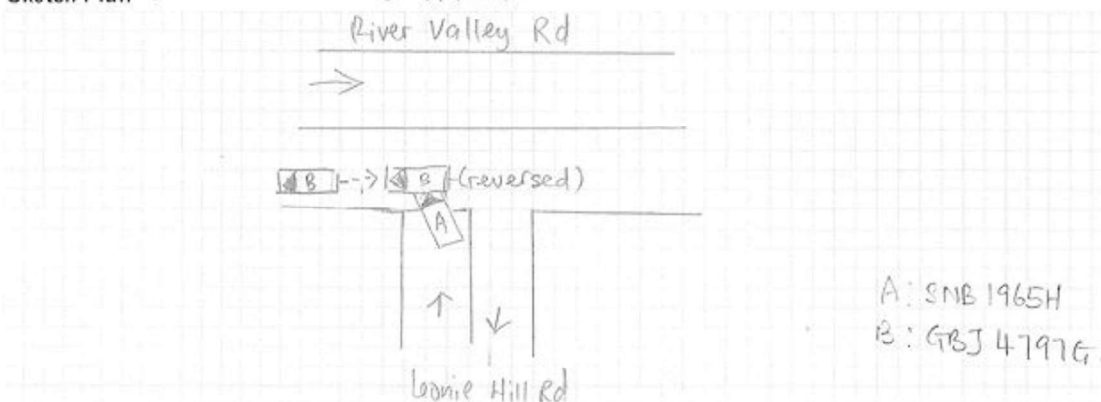
Policyholder's Signature / Date &
Time 10-02-2022

Sketch Plan @ 1110 hrs

Driver's Signature (If driver is not the policyholder) / Date
& Time 10-02-2022

@ 1110 hrs

Witnessed by Reporting Centre
Personnel

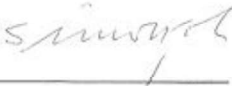
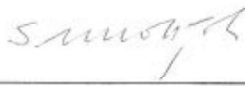



Describe Circumstances of the Accident

I was stationary at the Leenie Hill Rd to give way to the main road traffic to clear. When the traffic was clear, I proceed to turn left towards River Valley Rd. Vehicle B (GBJ4797G) suddenly reversed from the River Valley Rd towards my vehicle. I sounded my horn to alert the driver & his passengers behind. Vehicle B still continued to reverse and hit onto the front portion of my vehicle causing damage. Nobody was injured at the time of accident. I have a in-car camera which captured the accident scenario.

Declaration

I/We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time 10-03-22 @ 1110 hrs	 Driver's Signature (If driver is not the policyholder) / Date & Time 10-03-22 @ 1110 hrs	 Witnessed by Reporting Centre Personnel
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