

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	03/02/2022 11:12 (SGT)
Date of Accident	02/02/2022 12:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION OF BEDOK NORTH ROAD AND BEDOK RESERVOIR ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS7441X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AYUB BIN MUHAMMAD
NRIC No	S1783223I
Email Address	ayubmuhammad.7144@gmail.com
Mobile Phone No	(Phone) +65-98567144
Alternative Phone No	+65-98567144

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	1600

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5045312931-11
Cover Note Number	drivo CLASSIC

DRIVER

Name of Driver	AYUB BIN MUHAMMAD
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NRIC No	S1783223I
Date Of Birth	24/07/1966
Occupation	Indoor
Date Of Driving Pass	10/10/1986
Driving experience	35 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98567144
Alt. Phone Number	+65-98567144
Email Address	ayubmuhammad.7144@gmail.com
Address	BLK 280 #09-248 TAMPINES STREET 22
Address complement	-
Postcode	520280
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ROSMINAH
Gender	Female

PASSENGER 2

Name	RAHMAH
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

REFER TO SKETCH PLAN

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	VIDEO SIZE LARGE TO UPLOAD
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE4402L
Vehicle Manufacturer	Man
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHD ZURAIMEE BIN SAMSURI
NRIC No	S7429027B
Contact Number	(Phone) +65-88050640
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 03-02-2022 10:54

Report No: MT _____

D.O.A: 02/02/2022

Time: 12:40 hrs

Vehicle No: SJS7441X

Reporting Type: _____

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.
- (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.



03/02/22 / 10:54

Policyholder's Signature / Date & Time



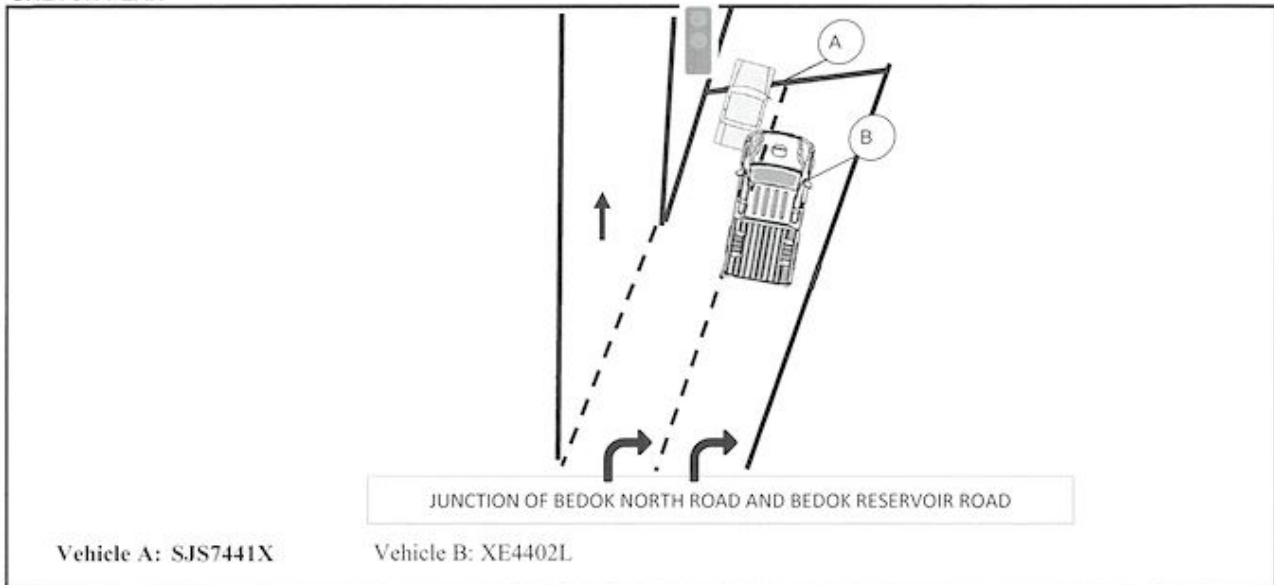
Ganesh (S993561)
Customer Care Executive
Motor Service Centre

03/02/22 / 10:54

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I travelling from Bartley Flyover and exit to Junction Of Bedok North Road and Bedok Reservoir Road. As the traffic is in my favour I proceed to moved off. Suddenly when I moving off, I felt a huge impact from the rear right side of my vehicle realized that vehicle B collided to my vehicle rear right side. So I stopped my vehicle ahead and to check at the same time I asked the driver of vehicle B to stopped aside. From there we took some photos and exchange particulars. No one was injured in this accident.

Declaration

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

[Signature]

03/02/22 / 10:54

Policyholder's Signature / Date & Time

[Signature]

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

03/02/22 / 10:54

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

Witnessed by Reporting Centre Personnel

