

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 22/02/2022 21:11 (SGT)
Date of Accident 19/02/2022 17:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information Vivo City Carpark B1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW2036J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD SAIFUL BIN JAMALUDIN
NRIC No S8913314I
Email Address Saiful.jamaludin180489@gmail.com
Mobile Phone No (Phone) +65-98503609
Alternative Phone No +65-98503609

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124872014
Cover Note Number -

DRIVER

Name of Driver NUR SHABRINA LUBIS BINTE AHMAD NATSIR
NRIC No S9205294Z

Date Of Birth	23/01/1992
Occupation	Indoor
Date Of Driving Pass	01/10/2021
Driving experience	4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81383307
Alt. Phone Number	-
Email Address	Shabrinalubiss@gmail.com
Address	626 Bedok Reservoir Rd #02-1580
Address complement	-
Postcode	470626
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBK7328C
Insurance Company of Other Vehicle Owned by Driver	Direct Asia Insurance (Singapore) Pte Ltd

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	AFREEN LAITH
Gender	Male

PASSENGER 2

Name	HAIRONNISA HABIBULLA
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

I was travelling straight on the car park when another car made an abrupt right turn and collided on to the right of my car. The other car did not stop on the stop line to give way to me hence causing the collusion.

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	SMP7194P
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUNG FARN PING
NRIC No	S9736725F
Contact Number	(Phone) +65-90606730
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NUR SHABRINA LUBIS BINTE AHMAD NATSIR
Gender	Female
Phone No	(Phone) +65-81383307
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	30
Injuries Sustained	BACK PAIN
Injured person in which vehicle?	SMW2036J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

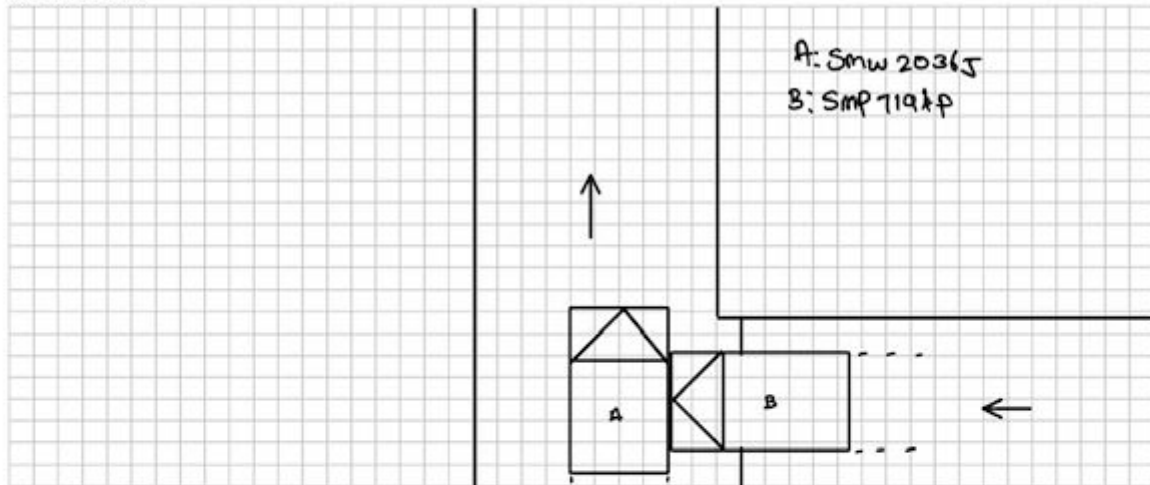
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/02/2022 21:00hrs

Reporting Centre Personnel's Signature
Name: Ash Kamal
NRIC/FIN No.: S9218370Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report

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

Reporting Centre Personnel's Signature
Name: Ash Kamal
NRIC/FIN No.: S994396



