

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 04/04/2022 10:56 (SGT)
Date of Accident 31/03/2022 11:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES AVE 10
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN2948K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NOH BIN SYED MOHAMAD ALKAFF
NRIC No S7121049I
Email Address NOHALKAFF@gmail.com
Mobile Phone No (Phone) +65-86868032
Alternative Phone No (Home) +65-86868032

VEHICLE PARTICULARS

Manufacturer Toyota
Model Picnic
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5108318220-03
Cover Note Number -

DRIVER

Name of Driver SHARIFAH DINAH BINTE NOH ALKAFF
NRIC No S9806397H

Date Of Birth	20/02/1998
Occupation	Indoor
Date Of Driving Pass	16/06/2021
Driving experience	9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-86868052
Alt. Phone Number	-
Email Address	DINAHALKAFF@gmail.com
Address	15 JALAN LIMBOK
Address complement	NANYANG PARK
Postcode	548702
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	DAUGHTER
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 - Change/cross lane
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SHARIFAH SARAH BINTE NOH ALKAFF
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 ATTACHED

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	SLU786M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SAM
Contact Number	(Phone) +65-91770732
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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 willful misrepresentation or withholding of material facts may allow insurance companies to reputate 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. The 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.
8. **Consent under the Personal Data Protection Act (PDPA)**

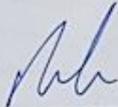
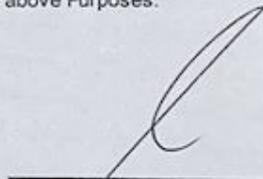
I understand, acknowledge, agree and consent that:

(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	 _____ Driver's Signature (If driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
--	--	---

Sketch Plan

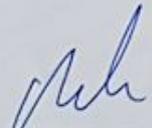


Describe Circumstances of the Accident

LAST NIGHT ON 31 MARCH 2022, AT 11:20PM, I WAS DRIVING ALONG TAMPINE AVENUE 10 TOWARDS PASIR RIS. ~~AT~~ WHILE APPROACHING THE JUNCTION AT TAMPINE AVENUE 1, VEHICLE NUMBER SLU786M ON MY LEFT FAILED TO COMPLY WITH THE ROAD DIRECTIONAL SIGN BY TRAVELLING STRAIGHT, THE DRIVER OF THE SAID VEHICLE SWERVED HIS VEHICLE TO THE RIGHT INSTEAD AND ~~ENCROACHED~~ ENCROACHED INTO MY PATH, THEREBY CAUSING A COLLISION WITH MY VEHICLE.

Declaration

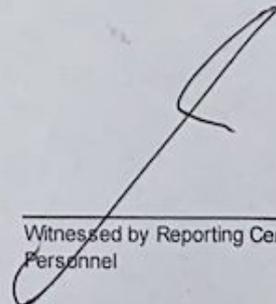
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel



















TOYOTA MOTOR CORPORATION JAPAN

MODEL	ACM20R-ARSEK	1998 mL
ENGINE	1AZ-FE	
FRAME No.	JTEGH23B300026393	OPTION
COLOR	1D4 E007 C25	
TRIM	U241E -01A	
PLANT		786
TRANS./M/E		

