

## 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 ..... 18/04/2022 14:02 (SGT)  
Date of Accident ..... 16/04/2022 11:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG CTE BEFORE EXIT 11  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLT7129U

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ABBAS SYED IRSHAD AHAMD  
NRIC No ..... SXXXX437I  
Email Address ..... IRSHAD.YZF15@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-92480506  
Alternative Phone No ..... +65-92480506

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... C-HR HYBRID 1.8S CVT  
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 ..... 1800

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5119507933-01  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... ABBAS SYED IRSHAD AHAMD  
NRIC No ..... SXXXX437I

|  |                              |
|--|------------------------------|
| Date Of Birth .....  | 06/04/1989                   |
| Occupation .....   | Indoor                       |
| Date Of Driving Pass .....   | 07/10/2016                   |
| Driving experience .....   | 5 YEARS AND 6 MONTHS         |
| Gender .....   | Male                         |
| Mobile Number .....  | (Phone) +65-92480506         |
| Alt. Phone Number .....  | +65-92480506                 |
| Email Address .....  | IRSHAD.YZF15@GMAIL.COM       |
| Address .....  | 513 WELLINGTON CIRCLE #05-30 |
| Address complement .....   | -                            |
| Postcode .....   | S750513                      |
| 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 - 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | No  |
| 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? .....  | Yes                                   |
| Police Station Name .....                       | Tanglin Division Headquarters         |
| Police Station Phone No .....                   | (Phone) +65-18003910000               |
| Alt. Police Station Phone No .....              | (Fax) +65-63964900                    |
| Police Station Address .....                    | 21 Kampong Java Road Singapore 228892 |
| Was notice of intended Prosecution given? ..... | No                                    |
| If yes, against whom? .....                     | -                                     |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER POLICE REPORT : E/20220416/7009

#### 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 ..... | EL8128R     |
| Vehicle Manufacturer .....        | -           |
| Vehicle Model .....               | -           |
| Vehicle Variant .....             | -           |
| Vehicle Colour .....              | -           |
| Vehicle Category .....            | Private car |

|   |                      |
|---|----------------------|
| Name of Driver .....                          | TEO WEI LOON STANLEY |
| NRIC No .....                                 | SXXXX395D            |
| Contact Number .....                          | -                    |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | -                    |
| No. Of Passenger (Including Driver) .....     | -                    |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |                              |
|---|------------------------------|
| Name of injured person .....                              | ABBAS SYED IRSHAD AHAMD      |
| Gender .....  | Male                         |
| Phone No .....  | (Phone) +65-92480506         |
| Address .....   | 513 WELLINGTON CIRCLE #05-30 |
| Address Complement .....                                  | -                            |
| Post Code .....   | S750513                      |
| Approximate Age Years Old .....                           | -                            |
| Injuries Sustained .....                                  | -                            |
| Injured person in which vehicle? .....                    | SLT7129U                     |
| Were seat belts worn? .....                               | Yes                          |
| Was this injured conveyed to hospital by ambulance? ..... | No                           |




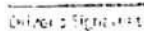
SKETCH PLANIMPORTANT NOTICE

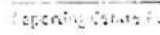
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 lodgment 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:

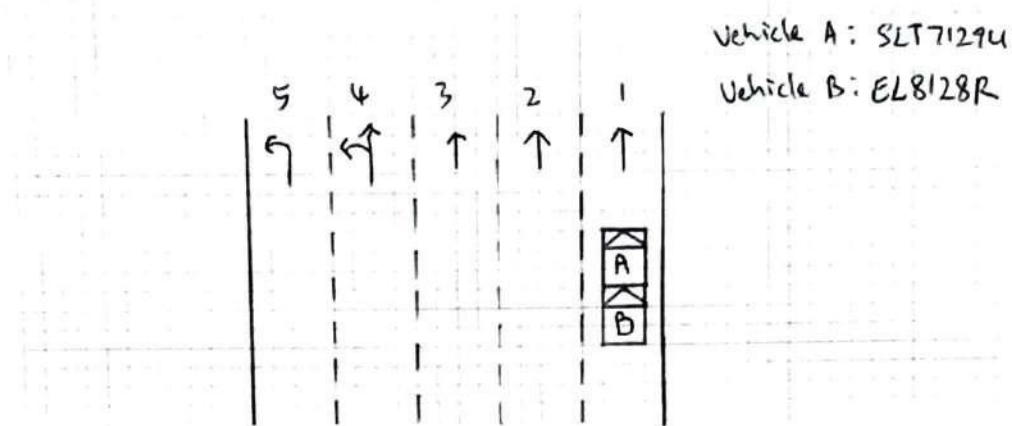
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
 Policyholder's Signature  
 Date & Time: 16/4/22  
 2.00pm

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

  
 Reporting Officer's Signature  
 Name:  
 (PRINT NAME)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

DECLARATION

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

Policyholder's Signature  
Date & Time 16/4/22  
2.00pm

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/EPN No.: