

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	10/05/2022 18:12 (SGT)
Date of Accident	09/05/2022 13:05 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT TIMAH ROAD AT CROSS JUNCTION OF STEVENS ROAD & WHITLEY ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3792X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED IQUBAL BIN MOHAMED HANEEFA @MOHAMED YUSRI HANEEFA
NRIC No	S1356547C
Email Address	MMOHAMEDIQUBAL@GMAIL.COM
Mobile Phone No	(Phone) +65-83729705
Alternative Phone No	+65-83729705

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	C-hr
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	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5125978140
Cover Note Number	-

DRIVER

Name of Driver	MOHAMED IQUBAL BIN MOHAMED HANEEFA @MOHAMED YUSRI HANEEFA
NRIC No	S1356547C
Date Of Birth	04/02/1959
Occupation	Outdoor
Date Of Driving Pass	04/05/1979
Driving experience	43 YEARS
Gender	Male
Mobile Number	(Phone) +65-83729705
Alt. Phone Number	+65-83729705
Email Address	MMOHAMEDIQUBAL@GMAIL.COM
Address	BLK 4 #12-5039 MARSILING ROAD
Address complement	-
Postcode	730004
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 - 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)	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 TRAVELLING ON LANE 3 MAKING A RIGHT TURN WHEN THE OTHER VEHICLE (SJP5536K) ON LANE 2 (RIGHT TURN ONLY LANE) PROCEEDED STRAIGHT AND COLLIDED INTO THE RIGHT REAR SIDE OF MY VEHICLE.

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	FILE TOO BIG, ADVISE TO EMAIL INSTEAD.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP5536K
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car

Name of Driver	JEEVAKARUNYAN ARUN
Work Permit No	035326340
Contact Number	(Phone) +65-83862770
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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 (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: **10/05/2022**
1800HRS

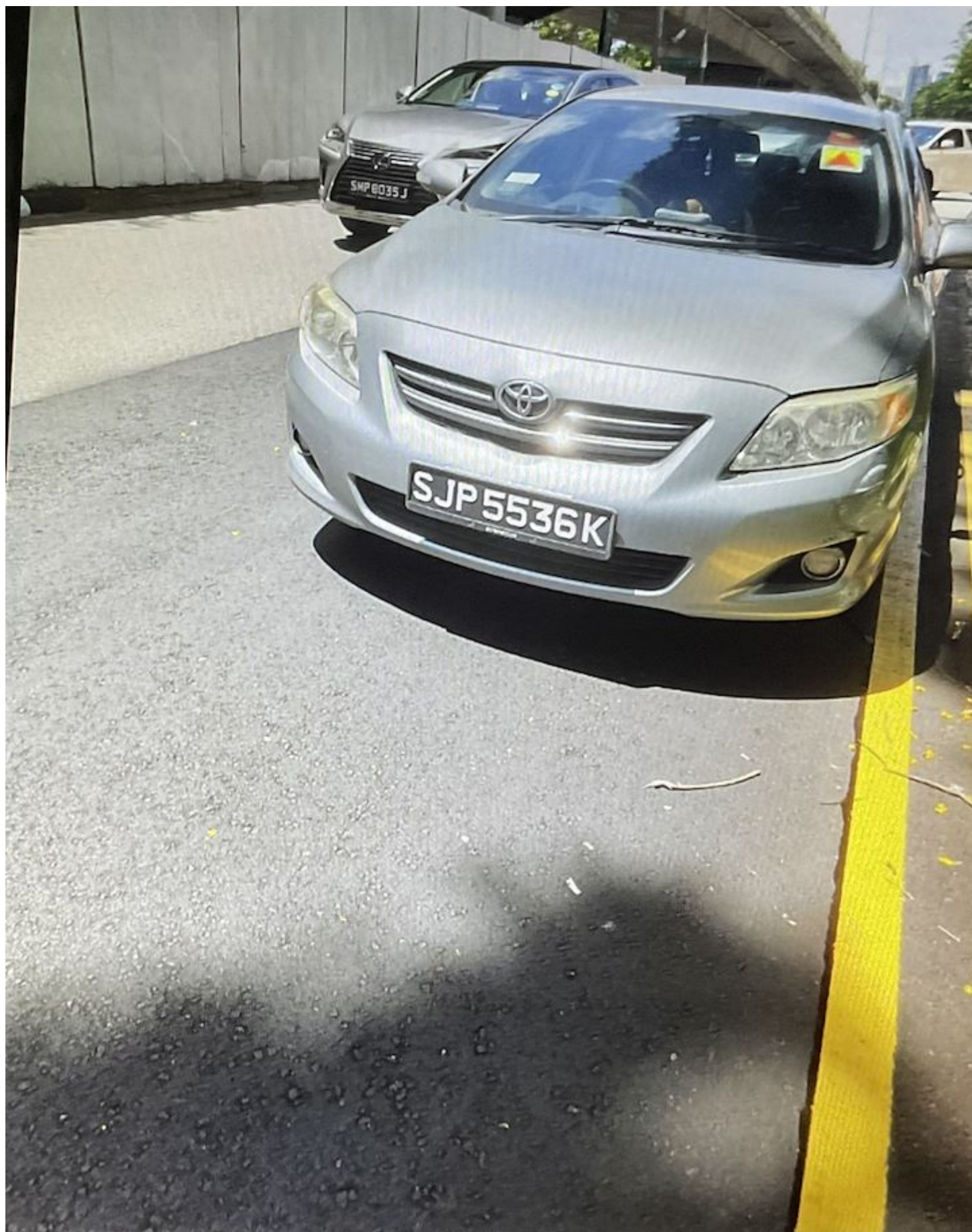
Driver's Signature

(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature

Name: **INDRA AZIZ**
NRIC/FIN No.: **S994949**



















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN07225A000M Vehicle Registration No: SLQ3792X
Name(as shown in NRIC) : MOHAMED IQUBAL BIN MOHAMED HANEEFA
@MOHAMED YUSRI HANEEFA NRIC/FIN/Passport No : S1356547C
(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 4 #12-5039 MARSILING ROAD Singapore(⁷³⁰⁰⁰⁴)
Contact (Tel) : _____ Mobile No. : 83729705
Email Address : MMOHAMEDIQUBAL@GMAIL.COM
Date of Accident : 09/05/2022 Time of Accident : 13:05
Place of Accident : BUKIT TIMAH ROAD AT CROSS JUNCTION OF STEVENS ROAD AND WHITLEY ROAD
Insurance Company: NTUC Income Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMMEND ON THE PLATE NUMBER OF THE VEHICLE B TO SJP5536K IN THE SKETCH PLAN (NEW SKETCH PLAN PROVIDED)

ADD TP NAME OF DRIVER : JEEVAKARUNYAN ARUN

ADD TP DRIVER ID TYPE : WORK PERMIT NO & DRIVER ID : 035326340

Policyholder / Driver's Signature

Date: 10/05/2022
1800HRS

Reporting Centre Personnel's Signature

Name: INDRA AZIZ
NRIC/FIN No.: S994949
Date: 10/05/2022