

# 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 ..... 12/05/2022 09:48 (SGT)  
Date of Accident ..... 11/05/2022 10:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... CTE AYE before Braddell Road Exit  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB7266H

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... KHALIB BIN IBRAHIM @ KHALIB BIN SALLEH  
NRIC No ..... S0091973Z  
Email Address ..... NO@EMAIL.COM  
Mobile Phone No ..... (Phone) +65-97729715  
Alternative Phone No ..... +65-97729715

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Bus  
Transmission ..... Auto  
CC ..... 1000

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... 5061947630-08  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KHALIB BIN IBRAHIM @ KHALIB BIN SALLEH  
NRIC No ..... S0091973Z

Date Of Birth .....	05/12/1954
Occupation .....	Outdoor
Date Of Driving Pass .....	13/05/1980
Driving experience .....	42 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97729715
Alt. Phone Number .....	+65-97729715
Email Address .....	NO@EMAIL.COM
Address .....	BLK 278C #07-571 COMPASSVALE BOW
Address complement .....	-
Postcode .....	543278
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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

#### REFER TO SKETCH PLAN

#### 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 .....	SHD3664Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... UNKNOWN  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

INCOME MOTOR SERVICE CENTRE

Report Date &amp; Start Time: 14/05/2022 / 09:31

Report No: MT/

D.O.A: 11/05/2022  
Time: 10:35 hrs

Vehicle No: CB7266H

Reporting Type:

SKETCH PLANIMPORTANT 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.

 14/05/22 / 9:31

Policyholder's Signature / Date &amp; Time

14/05/22 / 9:31

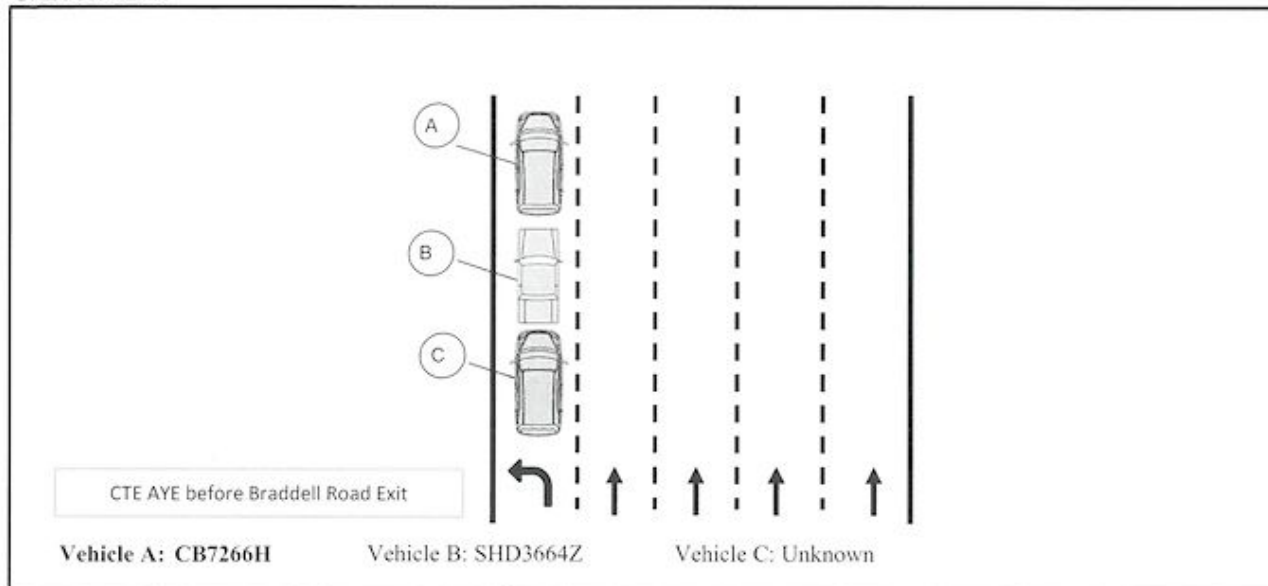
Driver's Signature (If driver is not the policyholder) / Date &amp; Time

 Alan Tang (S098825)  
 Customer Care Executive  
 Motor Service Centre



Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the extreme left lane in the traffic jam condition. As the vehicle in front of me slowed down and stopped, thus I followed and slowed down eventually came to a stop. Moments after, vehicle B hit into the rear of my vehicle A. After collision, I alighted from my vehicle A and realised that vehicle B was hit in the rear by vehicle C. Hence, in total, there were 3 vehicles involved in this chain collision.

Declaration

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

 14/05/22 / 9:31  
Policyholder's Signature / Date & Time

14/05/22 / 9:31  
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

  
Witnessed by Reporting Centre Personnel



























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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN07225C0007 Vehicle Registration No: CB7266H  
 Name (as shown in NRIC): Khalib bin Ibrahim NRIC/FIN/Passport No: SXXXX973Z  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Blk 278C Compassvale Bow # 07-571 Singapore (543278)  
 Contact (Tel): NA Mobile No.: 97729715  
 Email Address: NA  
 Date of Accident: 11/05/22 Time of Accident: 10 35hrs  
 Place of Accident: C7E (AYE) before Braddell Rd Exit  
 Insurance Company: NIUC Income

**(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:

To change Third party vehicle no: SHD3664Z.

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 \_\_\_\_\_  
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 \_\_\_\_\_

13  
 Policyholder / Driver's Signature  
 Date:

14/5/22  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: