

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 witholding 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 11/07/2022 15:18 (SGT) Reported by Date of Accident 11/07/2022 12:30 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF STADIUM WALK AND STADIUM CRESCENT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR4924J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner PRIYESH SHAH NRIC No. S7987513I PRIYESH1@GMAIL.COM Email Address Mobile Phone No (Phone) +65-98288004 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Nissan Model Qashqai 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 1200

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Policy Number / Cover Note Number 5116282588-02

DRIVER

Name of Driver PRIYESH SHAH NRIC No S7987513I Date Of Birth 20/10/1979 Occupation Indoor

Date Of Driving Pass	16/09/2011
Driving experience	10 YEARS AND 10 MONTHS
Gender Mahila Nusah ar	Male
Mobile Number	(Phone) +65-98288004
Alt. Phone Number	
Email Address Address	PRIYESH1@GMAIL.COM
Address Address complement	BLK 177 TANJONG RHU ROAD #14-14 WATERPLACE
Postcode	436607
Is the driver the policyholder?	
If No, Relationship of the Driver with the Insured	Yes -
Does Driver Own Other Vehicles?	- No
Vehicle Registration Number of Other Vehicle Owned by Driver	140
	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	
Weather Conditions	Collision - Cross Junction
Road Surface	Clear
Noau Sullace	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)	3
Has the driver been approached by unknown person(s)	
soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	
Translator's email	-
Original language used in the statement	-
PASSENGER 1	
Name	AYAAN
Gender	Male
DAGGENGED 0	
PASSENGER 2	
Name	SANA
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No No
If yes, against whom?	NO
ii yos, against whom:	-
CIDCUMETANCES OF ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
I WAS DRIVING STRAIGHT WHEN SUDDENLY A CAR WHICH (CAME OUT FROM NOWHERE TRIED TO TUDN INTO MY LAND
AND WITHOUT REALISING I WAS DRIVING STRAIGHT HE HIT	
The state of the s	
ATTACHMENT(S)	
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Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKJ9903C
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
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)	_

SKETCH PLAN

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- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to 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.
- 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)

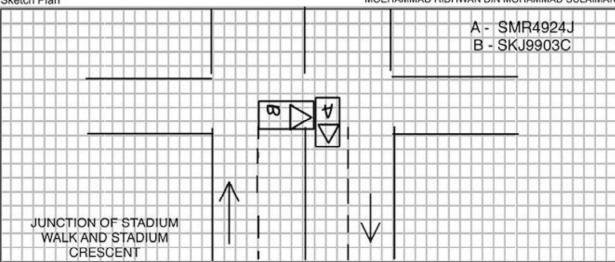
I understand, acknowledge, agree and consent that:

- (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
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan 11/07/2022

MOEHAMMAD RIDHWAN BIN MOHAMMAD SULAIMAN



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claration	
e declare the foregoing particulars are true in every respect.	1
lm	/

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

@Accident report SN07227B000F

Policyholder's Signature / Date & Time

11/07/2022

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)