SF0E227G0001 / FALCON-AIR AUTO SERVICES PTE LTD [528840] ENTRY DATE & TIME: 16/07/2022 10:17 (SGT) SUBMITTED BY Anna Ng VERSION: 1 (16/07/2022 10:17 (SGT))



# **SINGAPORE ACCIDENT STATEMENT**

- 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 reterred 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** Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss

16/07/2022 10:17 (SGT) Both 16/07/2022 08:10 (SGT) Tampines, Singapore BLK 932 TAMPINES ST 91 OSCP

Singapore

# DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKP5786T

**INSURED/POLICYHOLDER** 

Is company? Name Of Registered Owner **NRIC No** 

**Fmail Address** Mobile Phone No Alternative Phone No No

**ROHMAT BIN ABDUL MANAN** SXXXX089J ROHMATMANAN@GMAIL.COM (Phone) +65-98480201

VEHICLE PARTICULARS

Manufacturer Model 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? Vehicle Category

Transmission CC

Toyota Corolla ALTIS

Private use

No - Claiming third party Private car Auto 1598

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number NTUC Income Insurance Co-operative Ltd 5122991641

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

ROHMAT BIN ABDUL MANAN SXXXX089J 22/11/1956 Indoor

**Date Of Driving Pass** 

18/01/1980 Driving experience 42 YEARS AND 6 MONTHS

Male

04-377

520933

Yes

Clear

Dry

(Phone) +65-98480201

933 TAMPINES ST 91

ROHMATMANAN@GMAIL.COM

Collision - Change/cross lane

Gender

Postcode

Mobile Number

Alt. Phone Number

**Email Address** 

Address Address complement

Is the driver the policyholder? If No. Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

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? Nο 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

Translator's name Translator's ID Translator's phone number Translator's email

Original language used in the statement

PASSENGER 1

SURIANI Name Female Gender

DETAILS OF POLICE ACTION

No Was the accident reported to the police? Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

# DETAILS OF OTHER VEHICLE PROPERTY 1

SJS8796R Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant



### SKETCH PLAN

### IMPORTANT NOTICE

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    - (v) complying with applicable law in administering, processing, handling and/or dribing with my claims (collectively the "Purposes")
- job all ensurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyer. Tax this is, that 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 part, service provides an agents; including their lawyers/law firms), which may be sitted outside of Singapore, for one or a new of the above.
- (d) my Personal Information will also be collected and used to compile claim, history for the purpose of 1 and fitness provided that and management in present and all future claims.
- $\{\nu_{1},...$  the information so collected under (d) above may be shared / disclosed
  - (ii) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or including features, law entorcement and government agencies as reasonably required for the purposes stated in
  - (a) for complying with requirements under any regulations, laws or court orders

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Name Hall John No 18 18 18 7 23

SKET OF PLAN

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