

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 Actual 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	21/07/2022 11:15 (SGT)
Reported by	Driver
Date of Accident	14/07/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	59 TUAS AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD8328J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OZ CAR RENTAL PTE. LTD.
Company Reg No	201826382N
Email Address	CLARENCE@OZCAR.SG
Mobile Phone No	(Phone) +65-96723653
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
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 hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5112240182-02

DRIVER

Name of Driver	NURUL ATIQA NATHASYA IRWANI BTE AZMAN
NRIC No	S9729700B
Date Of Birth	06/09/1997
Occupation	Indoor

Date Of Driving Pass	12/06/2022
Driving experience	1 MONTH
Gender	Female
Mobile Number	(Phone) +65-88335030
Alt. Phone Number	-
Email Address	ATIQAHNATHASYA@GMAIL.COM
Address	BLK 180C MARSILING ROAD #16-2250
Address complement	-
Postcode	733180
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	0
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	-

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9357L
Vehicle Manufacturer	Nissan
Vehicle Model	Cabstar
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIU KAICHENG
Contact Number	(Phone) +65-81885326

Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND REAR PORTIONS
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBL517P
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	THOMAS NG YI SHENG
NRIC No	S1822076H
Contact Number	(Phone) +65-98318238
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 16/07/2022 / 12:43

Report No: MT/

D.O.A: 16/07/2022

Vehicle No: SDD8328J

Reporting Type: TP

Time: 12:00 hrs

SKETCH PLAN

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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/are 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.

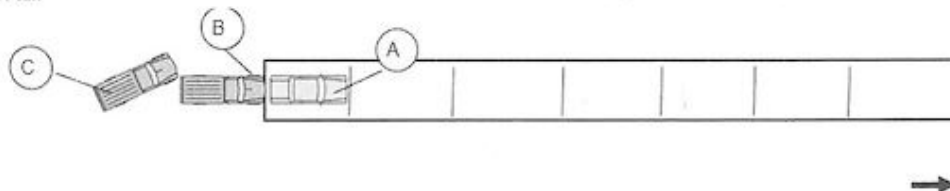


16/07/22 / 12:43
Policyholder's Signature / Date & Time

16/07/22 / 12:43
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



Vehicle A: SDD8328J

Vehicle B: GBE9357L

Vehicle C: GBL517P

Describe Circumstances of the Accident

MY VEHICLE WAS PARKED AT THE LAST CARPARK LOT OF 59 TUAS AVE 1. EVERYTHING WAS FINE AND INTACT WHEN I LEFT AND LOCKED MY VEHICLE FOR WORK.

AT AROUND 12PM, MY FRIEND CALLED ME TO INFORM THAT MY VEHICLE WAS INVOLVED IN A 3 CAR ACCIDENT. I WENT DOWN AND TOOK SOME PHOTOS. NO ONE WAS INJURED.

Declaration

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



16/07/22 / 12:43

Witness's Signature / Date & Time

[Handwritten Signature]

16/07/22 / 12:43

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

Chen JunLiang

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















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: SN07227G000J Vehicle Registration No: SDD 8328 J
 Name (as shown in NRIC): Nurul Atiqah nathasya NRIC/FIN/Passport No: S9729700B
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 180C Marsiling Rd #16-2250 Singapore (733180)
 Contact (Tel): _____ Mobile No.: 88335030
 Email Address: atiqahnathasya@gmail.com
 Date of Accident: 14/07/2022 Time of Accident: 1200
 Place of Accident: 59 Tuas Ave 1
 Insurance Company: MTUC 5115 262635

(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:

The reporting on the previous report.
indicate the wrong motor car position.

The correct car position should be



veh(A) → SDD8328J

veh(B) → GBE9357L

veh(C) → GBL517P


 Policyholder / Driver's Signature
 Date: _____



Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____