

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

- 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

- 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

02/08/2022 12:00 (SGT) Date of Submission Reported by Both 01/08/2022 11:30 (SGT) Date of Accident Exact Location of Accident Ang Mo Kio, Singapore SPC ANG MO KIO 1351 1351 ANG MO KIO AVENUE 1 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

No - Claiming third party

Vehicle Registration Number SJM6980U

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner ABDUL RASHID BIN TAHIR

SXXXX151G NRIC No.

archierox@hotmail.sg Email Address (Phone) +65-94241985 Mobile Phone No

Alternative Phone No

VEHICLE PARTICULARS

Proton Manufacturer Persona

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to

your vehicle?

Private car Vehicle Category

Auto

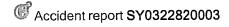
INSURANCE COMPANY

NTUC Income Insurance Co-operative Ltd Name of Insurance Company

Policy Number / Cover Note Number 5124455700

DRIVER

ABDUL RASHID BIN TAHIR Name of Driver SXXXX151G NRIC No 28/07/1990 Date Of Birth Occupation Indoor



22/12/2009 **Date Of Driving Pass** 12 YEARS AND 8 MONTHS Driving experience Gender Male (Phone) +65-94241985 Mobile Number Alt, Phone Number archierox@hotmail.sg Email Address APT BLK 405 ANG MO KIO AVENUE 10 #02-677 Address Address complement Postcode 560405 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 Side Swipe Weather Conditions Clear Road Surface Drv 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHMENT 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
 CB6442Y

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Bus

 Name of Driver

 Contact Number
 (Phone) +65-93804117

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

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VWe declare the foregoing particulars are true in every respect.

Rollicyholder's Signature / Date & Time

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

Winessed by Reporting Centre Personnel

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that :

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permited to collect, use, disclose and/or precess my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (oblicatively the "Personal information") and disclose and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers/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 applicant 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 ms, 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/mailipackages); 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 addition and the insurers' lawyers/law films, 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 law yers/law firms), which may be sited onlisted of Singapore, for one or more of the above Purposes.

Ar	An	Jukny Witnessed by Reporting Centre Personnel			
Folicyholder's Signalure / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time				
Sketch Plan					