SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. 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 willful 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 tales 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

10/02/2023 15:13 (SGT)
Both Policyholder and Actual Driver
09/02/2023 08:35 (SGT)
Singapore
MCE ENTRANCE TO REPUBLIC BOULEVARD TOWARDS AYE
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NUR SULAIMAN BIN ADNAN
NRIC No	S8704873Z
Email Address	N.Sulaiman.adnan@gmail.com
Mobile Phone No	(Phone) +65-90610467
Alternative Phone No	

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	 Income Insurance Limited
Policy Number / Cover Note Number	 5121762780

DRIVER

Name of Driver	NUR SULAIMAN BIN ADNAN
	NOR SOLAIMAN BIN ADNAM
NRIC No	S8704873Z
Date Of Birth	03/03/1987
Occupation	Outdoor

Accident report S000232A0007

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Male Noble Number II, Phone Number III, Phone Number III, Phone Number III, Phone Number III, Phone Number IIII, Phone Number IIII, IIII, IIIII, IIIIIIIIIIIIIIIIIII	Date of Driving Pass	06/04/2021
lockle Number Phone -65-90610467	Driving experience	1 YEAR AND 10 MONTHS
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Page 2 of 2		
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Date Of Driving Pass

Vehicle Variant	
Vehicle Colour	
venice 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

IMPORTANT NOTICE

- 1 Please report correctly the details of the excident to speed up the claims process.
- 2 The Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any will interpresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Formby 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. The report will be forw arded by the Insurers of the GIA Records Management Centre established by the General Insurance Association
- of Singapore (GIA) for exchiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the bodgement 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)

Lunderstand 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 towershaw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
- (f) 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my ctains (including the making 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); end/or
- (V) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(colectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the hisurers' taw yers law fams, 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 said outside of Singapore, for one or more of the above Purposes.

Poscyholder's Synature / Date &

Oriver's Signature (I driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan

MCE TOWARDS AYE

A! SMY SOUD

B: SNF 346 €

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