SJ0G248H0002 / JP Knights Pte Ltd
ENTRY DATE & TIME: 17/08/2024 09:26 (SGT)
SUBMITTED BY: Flash Reporting
VERSION: 1 (17/08/2024 09:26 (SGT))

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 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 First Submission	17/08/2024 09:26 (SGT)
Reported by	Actual Driver
Date of Accident	15/08/2024 11:35 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	TOWARDS BEDOK NORTH AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW1809P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHARIFAH AISHAH BINTE SYED JAMAL
NRIC No	S9008715J
Email Address	AISHAHSHAHAB@GMAIL.COM
Mobile Phone No	(Phone) +65-81954117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MPCM001987

DRIVER

Name of Driver	SYED OMAR BIN SYED ALWY
NRIC No	S8956569C
Date Of Birth	16/07/1989
Occupation	Indoor
Driving Pass Date	08/02/2023
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	1 YEAR AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81954117
Alt. Phone Number	-
Email Address	AISHAHSHAHAB@GMAIL.COM
Address	425 BEDOK NORTH RD #03-543
Address complement	-
Postcode	460425
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collided into Motorcyclist
Weather Conditions	Clear
Road Surface	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)	1
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

ON THE 15/08/24 AT ABOUT 11:35HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SLW1809P) ALONG BEDOK NORTH RD X BEDOK NORTH AVE 1 ENROUTE FROM BEDOK RESERVOIR TOWARDS BEDOK NORTH ST 1 TO PICK UP MY MOTHER IN LAW. WHILE MOVING SLOWLY ALONG BEDOK NORTH RD X BEDOK NORTH AVE 1 TRAFFIC JUNCTION, VEHICLE A HAD SLIGHTLY TOUCHED ONTO VEHICLE B (FBR5748A) HEAD TO REAR. VEHICLE A HAD SLIGHTLY DAMAGE ON FRONT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

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	FBR5748A
Vehicle Manufacturer	Yamaha
Vehicle Model	CZD300A / XMAX300
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	MR IVAN
Contact Number	(Phone) +65-90583905
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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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.

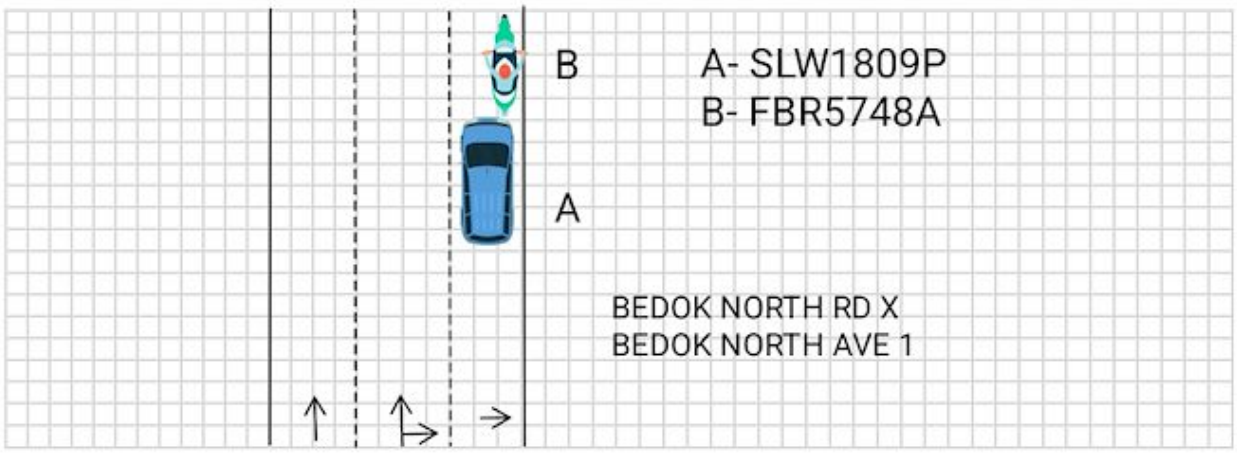
(Collectively the "**Purposes**")

(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 & Time	Witnessed by Reporting Centre Personnel
160824- 1800HRS	160824- 1800HRS	

Sketch Plan



Describe Circumstances of the Accident

ON THE 15/08/24 AT ABOUT 11:35HRS I WAS DRIVING WITH VEHICLE A BEARING REGISTRATION NO (SLW1809P) ALONG BEDOK NORTH RD X BEDOK NORTH AVE 1 ENROUTE FROM BEDOK RESERVOIR TOWARDS BEDOK NORTH ST 1 TO PICK UP MY MOTHER IN LAW. WHILE MOVING SLOWLY ALONG BEDOK NORTH RD X BEDOK NORTH AVE 1 TRAFFIC JUNCTION, VEHICLE A HAD SLIGHTLY TOUCHED ONTO VEHICLE B (FBR5748A) HEAD TO REAR. VEHICLE A HAD SLIGHTLY DAMAGE ON FRONT PORTION. NOBODY WAS INJURED DURING THE ACCIDENT.

Declaration

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

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
160824- 1800HRS	160824- 1800HRS	

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13


FBR
5748A

IMAGES #15

IMAGES #16