

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 First Submission	30/08/2024 15:00 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/08/2024 17:10 (SGT)
Exact Location of Accident	Still Rd S, Singapore
Additional Location Information	JUNCTION OF STILL ROAD SOUTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2640E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AFIQ ASYRANI BIN AZHAR
NRIC No	SXXXX790I
Email Address	AFIQ_ASYRANI@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98577192
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	B.M.W.
Model	216D GRAN TOURER LED NAV 7 SEATER
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1496
Vehicle Fuel	Diesel
First Registration Date	28/10/2016
Chassis no	WBA2E320005B45440
Effective Date/Time of Ownership	19/05/2023 06:05 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24B00058000

DRIVER

Name of Driver	AFIQ ASYRANI BIN AZHAR
NRIC No	SXXXX790I
Date Of Birth	09/09/1990
Occupation	Indoor
Driving Pass Date	21/03/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98577192
Alt. Phone Number	-
Email Address	AFIQ_ASYRANI@YAHOO.COM.SG
Address	BLK 706 CHOA CHU KANG STREET 53 13-104 SINGAPORE 680706
Address complement	-
Postcode	-
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	Fire, explosion or lightning
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
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?	Yes
Police Station Name	Choa Chu Kang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007659999
Alt. Police Station Phone No	(Fax) +65-67644104
Police Station Address	No 20 Choa Chu Kang Street 52 #01-02 Singapore 689286
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20240829/2083

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AFIQ ASYRANI BIN AZHAR
Gender	Male
Phone No	(Phone) +65-98577192
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLH2640E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will 'or 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.

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

I understand, acknowledge, agree and consent that:

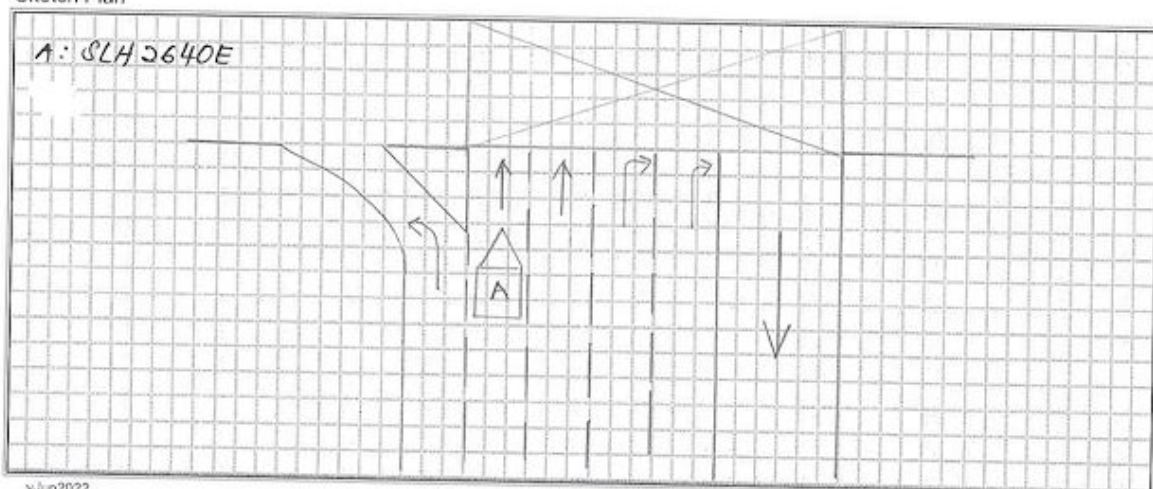
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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


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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

- REFER TO POLICE REPORT T/20240829/2083.

Declaration

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


 Policyholder's Signature / Date & Time

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


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

















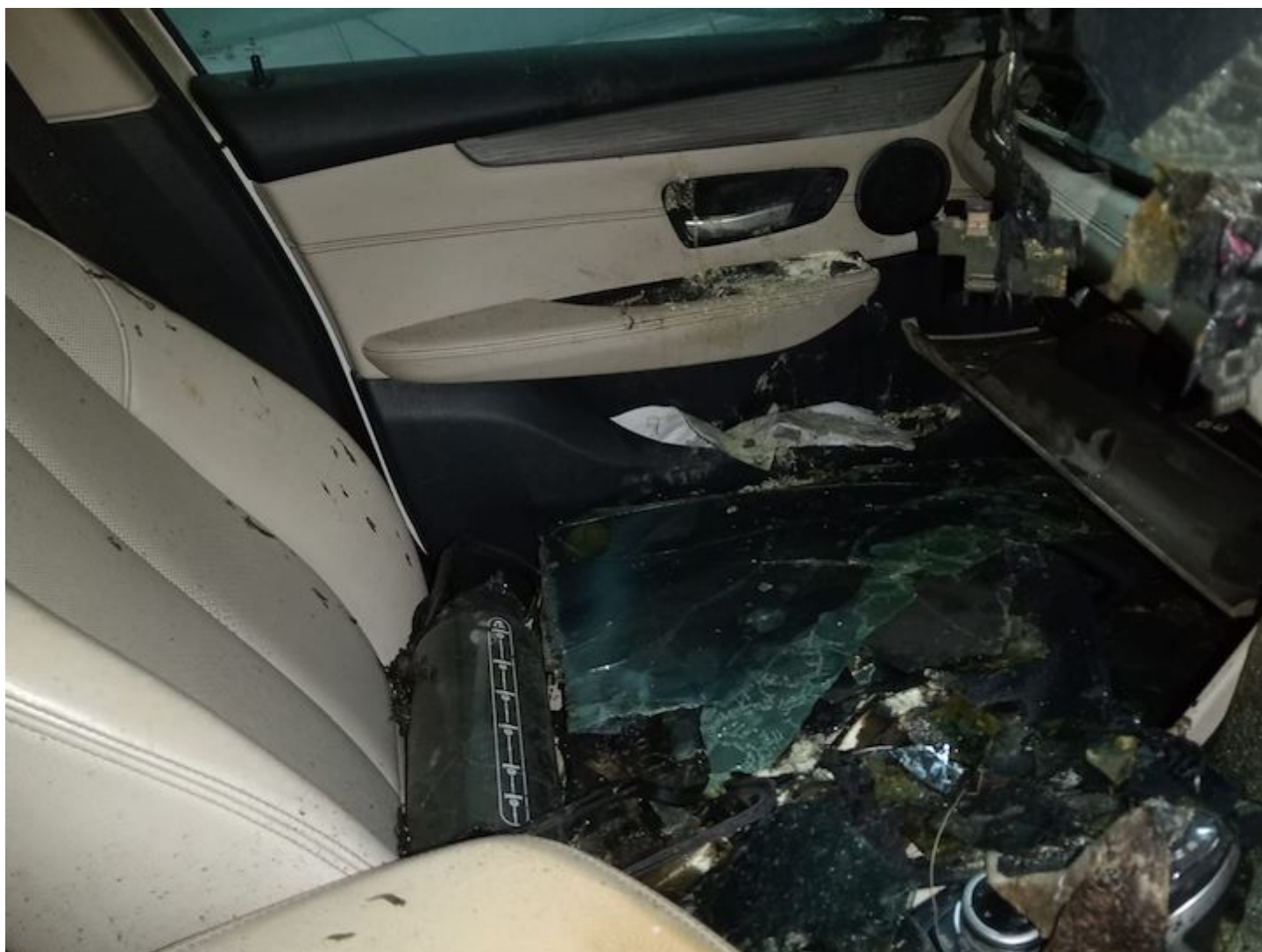


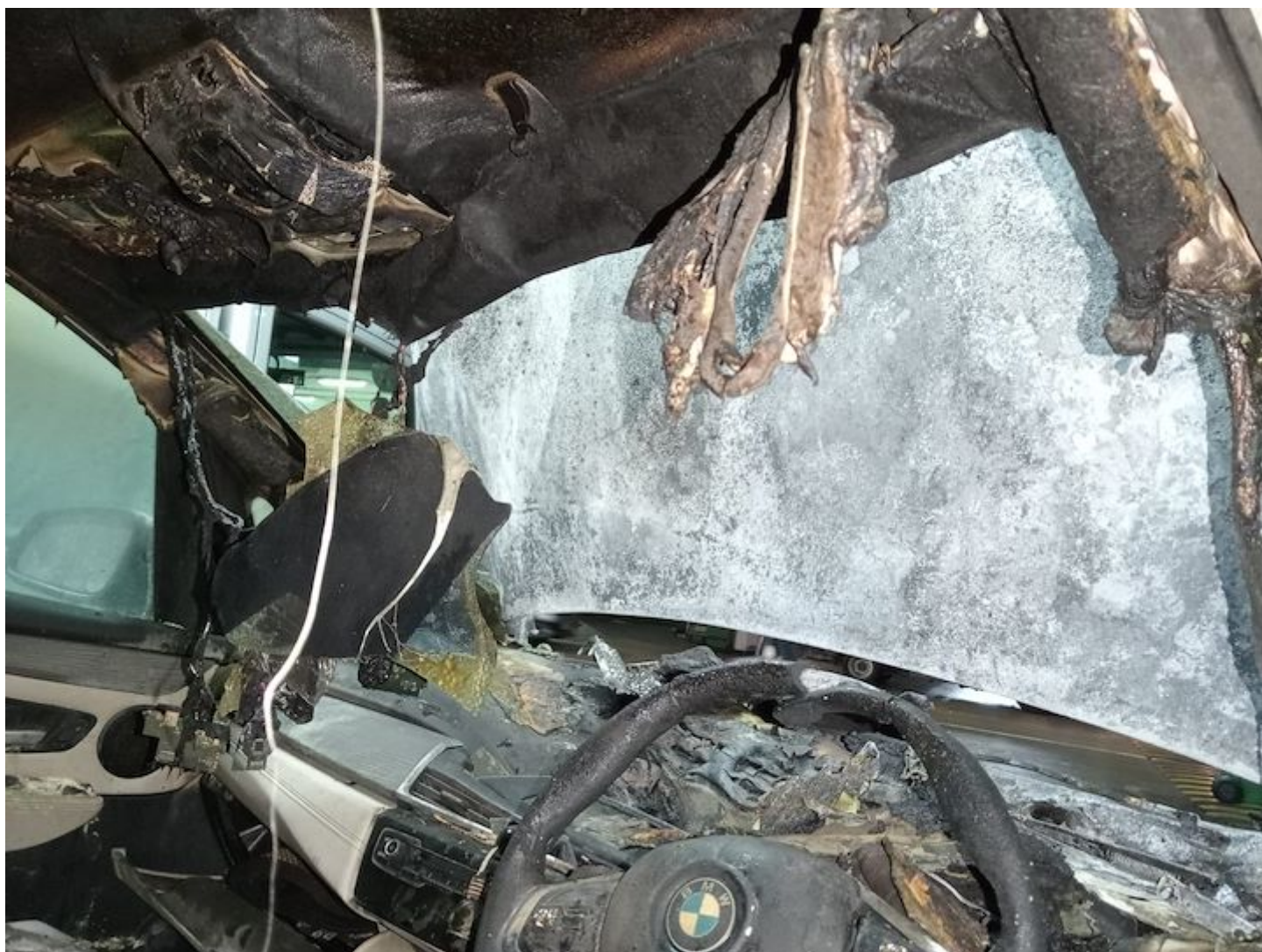






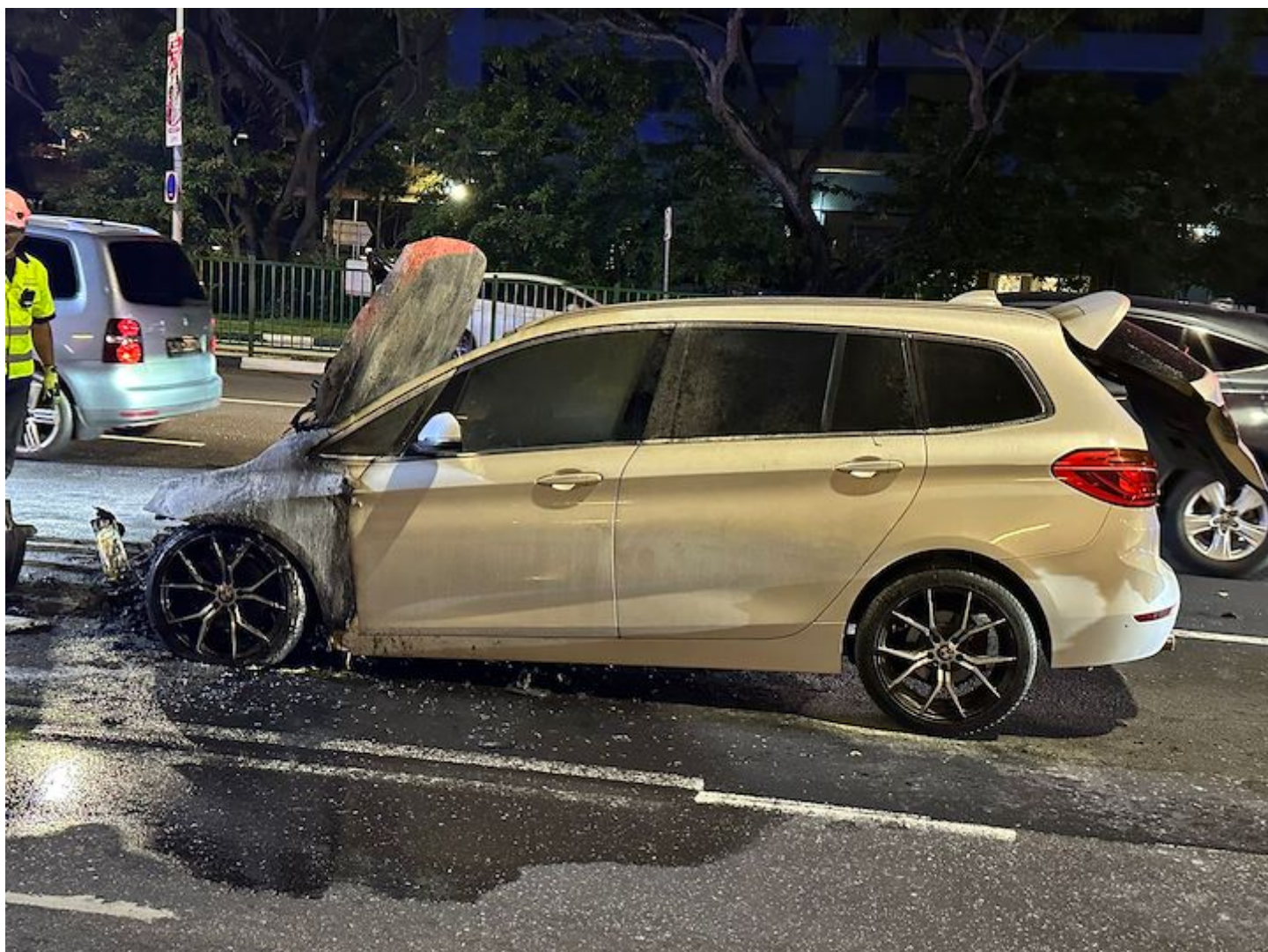


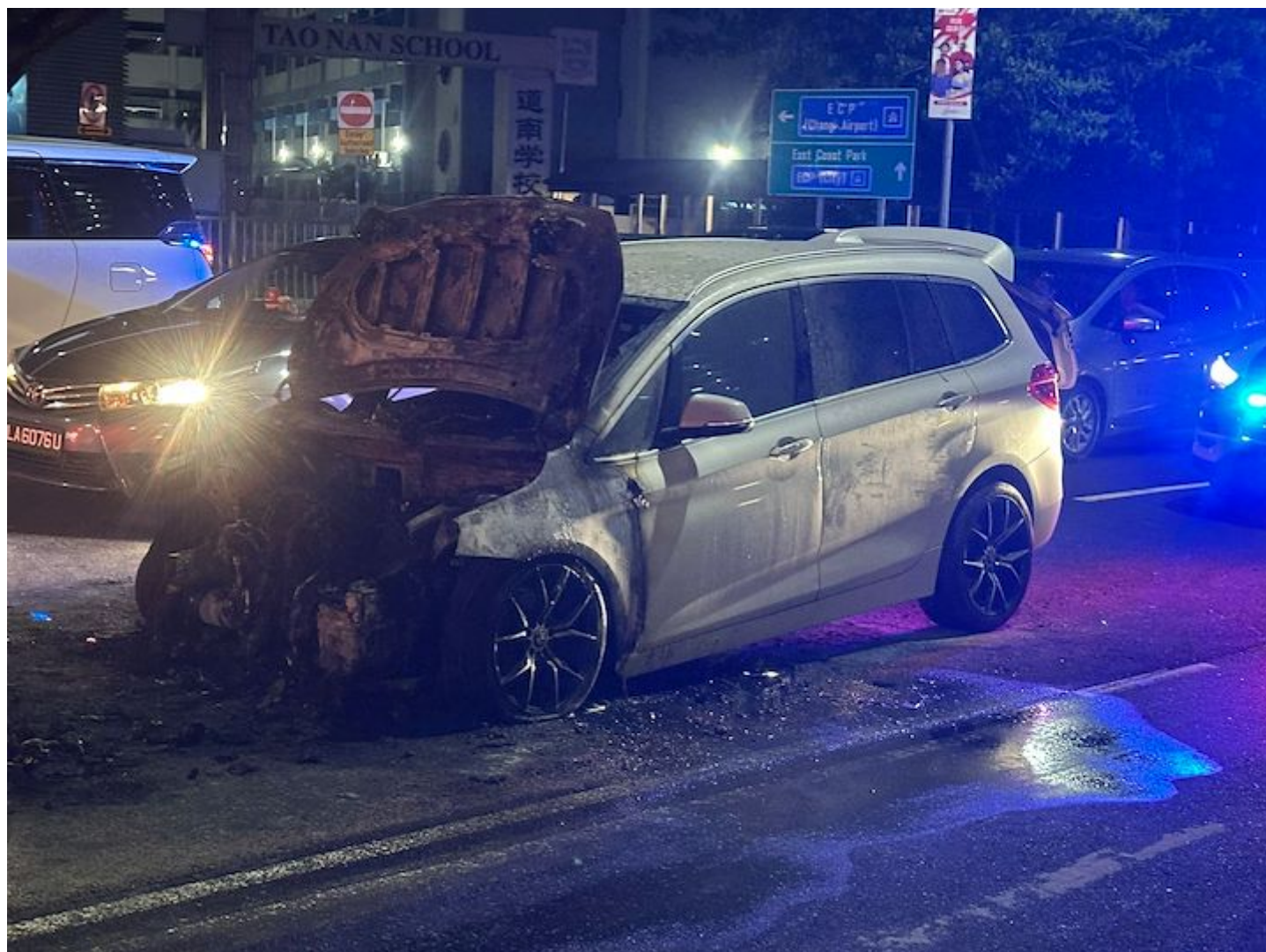


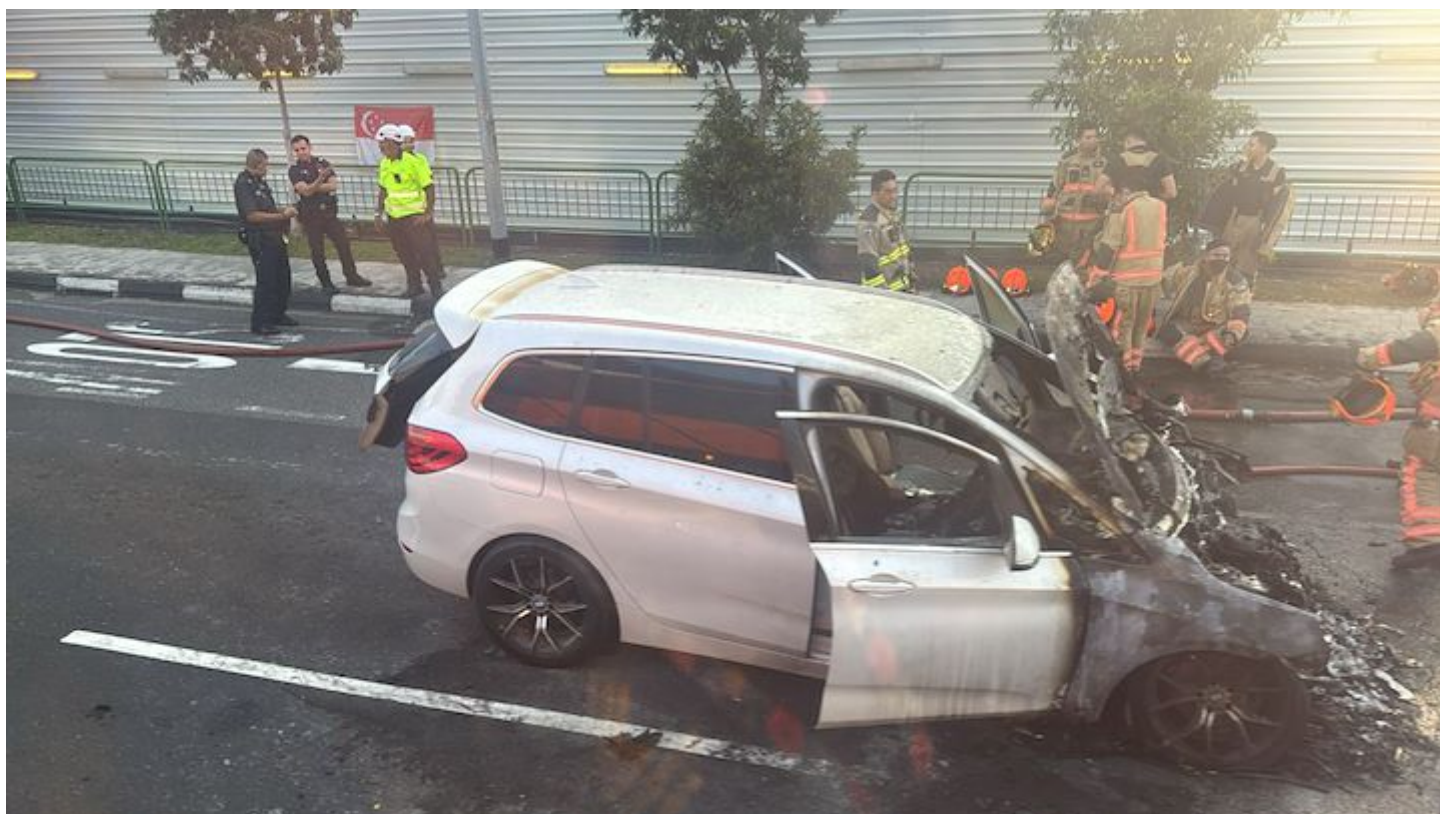














**SINGAPORE
POLICE FORCE**



T/20240829/2083

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20240829/2083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2024 23:34		Vide Report No.: G/20240829/0117		Station Diary No.: 135
Informant's Particulars				
Name of Informant: AFIQ ASYRANI BIN AZHAR		Address: APT BLK 706 CHOA CHU KANG STREET 53 #13-104 SINGAPORE 680706		
ID Type / ID No.: NRIC NO / S90327901		Contact No.: Home/Office: Mobile: 98577192		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 33	Date of Birth: 09/09/1990	Type of Informant: Driver	
Race: Malay		Language: English		
Occupation: IT EXECUTIVE		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 29/08/2024 17:10	Type of Location: Straight Road
Location: STILL ROAD SOUTH				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SLH2640E	Motor car	BMW	216D GRAN TOURER LED NAV 7 SEATER	White	Caught Fire	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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T/20240829/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20240829/2083

CONTINUATION OF REPORT

Driver			
Name	AFIQ ASYRANI BIN AZHAR		ID No. S9032790I
Related Vehicle	SLH2640E (Motor car)		Contact No. 98577192
Hospital/Clinic	RAFFLES HOSPITAL		Class of Driving Licence & Expiry Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	29/08/2024		Date Discharge NIL
No. of Days granted Medical Leave	03	Degree of	NIL

Brief Details.

On 29 August 2024 at 1710hours, I was driving my vehicle bearing registration number SLH2640E along East Coast Parkway, i noticed that an error appeared on my dashboard. Immediately, i exited the nearest exit which was at ECP - Marine Parade Exit and wanting to find a safe spot to stop and inspect on the error. While i was at Still Rd heading towards Jalan Eunus. I was at 2nd lane and stopped as the traffic light was red. Shortly after, i saw smoke coming from my bonnet. I alighted from my vehicle to make a check. Upon checking, i saw a small fire under the bonnet of car. I then called " 995 ". Ambulance was at scene, and I was conveyed due to shortness of breath and low oxygen. I am lodging this report insurance



**SINGAPORE
POLICE FORCE**



T/20240829/2083

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No, T/20240829/2083

CONTINUATION OF REPORT

Signature of Officer Recording The
J /
SGT 3 LIM CEHANG, HERMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476414

Signature Of Informant:

Date/Time:
29/08/2024 23:34

Classification Of Case:

NP168



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: SC29248UM003 Vehicle Registration No: SLH2640E

Name (as shown in NRIC): AFIQ ASYRANI BIN AZHAR NRIC/FIN/Passport No: 7901

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: BLK 706 CHOA CHU KANG STREET 53 13-104 SINGAPORE Singapore (680706)

Contact (Tel): _____ Mobile No.: 98577192

Email Address: AFIQ ASYRANI@YAHOO.COM.SG

Date of Accident: 29/08/2024 Time of Accident: 17:10

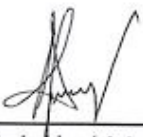
Place of Accident: JUNCTION OF STILL ROAD SOUTH

Insurance Company: ECICS Limited

(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:

UPLOAD POLICE REPORT AND SCENE PHOTO



Policyholder / Actual Driver's Signature
Date: _____



Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____
Date: _____