

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	02/09/2024 16:13 (SGT)
Reported by	Actual Driver
Date of Accident	02/09/2024 09:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Changi Airport Terminal 2, Departure Drop off, between door no 06 & 07
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6241H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Jabarullahan s/o Jamal Mohamed
NRIC No	SXXXXX000Z
Email Address	jauhar1997@gmail.com
Mobile Phone No	(Phone) +65-96725452
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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 car
Transmission	Auto
CC	1598
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A 300641971 AT2

DRIVER

Name of Driver	Muhammed Jauhar s/o Jabarullahan
NRIC No	SXXXXX047C
Date Of Birth	28/10/1997
Occupation	Indoor
Driving Pass Date	18/07/2016
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	8 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82345413
Alt. Phone Number	-
Email Address	jauhar1997@gmail.com
Address	109 McNair Road #02-281
Address complement	-
Postcode	320109
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Collision - Head to Rear
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?	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

Please refer to accident statement

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	SLH8784J
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Rengaswamy Marimuthu
NRIC No	SXXXX955A
Contact Number	(Phone) +65-85062679
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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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.

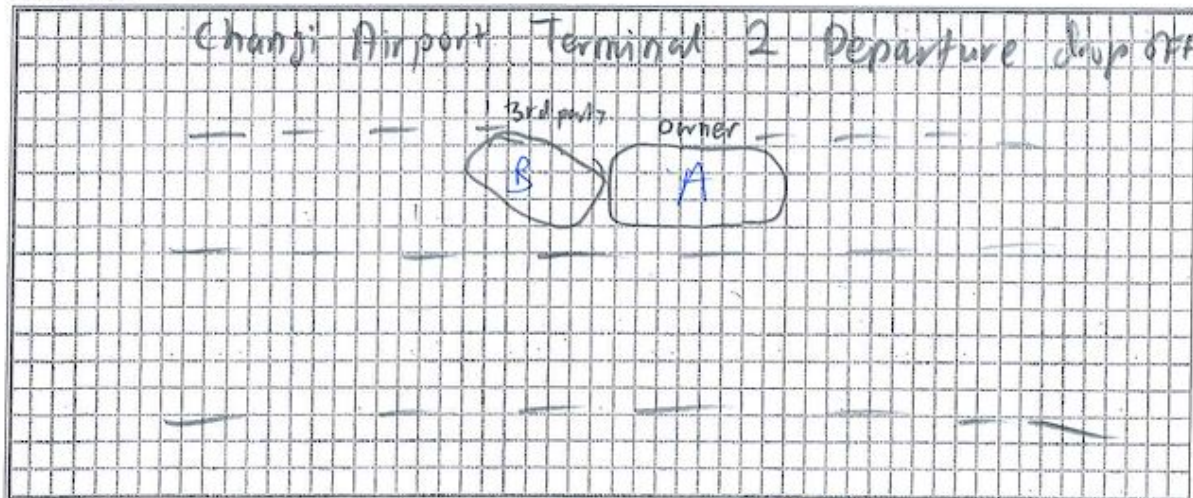
Hell 02/09/24 15:15
Policyholder's Signature / Date & Time

Am 02/09/24 15:05
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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



Sketch Plan



wJun2022

A car: SLF 6241H
B car: SLH 8784J

Describe Circumstance of the Accident

At Changi Airport Terminal 2, I dropped off my relatives, I had gotten back into the car while Z was still stationary, he rear-ended me. I got out of my car. At that point, the other driver, Rengaswamy, got out of his car and apologised. He said he was distracted by his child in the back seat.

He proceeded to contact get-go and they told him to make a police report & claim insurance. His vehicle number is SLH8784J. We exchanged details & drove off.

I then proceed to ~~then~~ contact MSIG & file this accident statement.

Declaration

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

J. Balh 02/09/24 15:15
Policyholder's Signature / Date & Time

Janet 02 Sept 24 15:11
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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

