

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	18/06/2024 16:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/06/2024 01:50 (SGT)
Exact Location of Accident	Yishun Ave 2, Singapore
Additional Location Information	JUNCTION OF YISHUN AVE 2 & YISHUN RING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9406R
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SJ LEASING PTE LTD
Company Reg No	201825171E
Email Address	richard.ng@sjauto.sg
Mobile Phone No	(Phone) +65-97711118
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Freed
Variant	FREED HYBRID 1.5G AUTO
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMHCSNA00000902400

DRIVER

Name of Driver	MUHAMMAD NIZZAM BIN NORDIN
NRIC No	S9028692G
Date Of Birth	14/08/1990
Occupation	Outdoor

Driving Pass Date	21/08/2009
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87686871
Alt. Phone Number	-
Email Address	richard.ng@sjauto.sg
Address	APT BLK 628 YISHUN STREET 61 #12-137
Address complement	-
Postcode	760628
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	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

Refer to Sketch Plan

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	SHD850Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle 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

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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.

Policyholder's Signature / Date & Time

Sketch Plan



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

Witnessed by Reporting Centre Personnel

refer to Annex 1

Describe Circumstances of the Accident

Declaration

We declare the foregoing particulars are true in every respect.

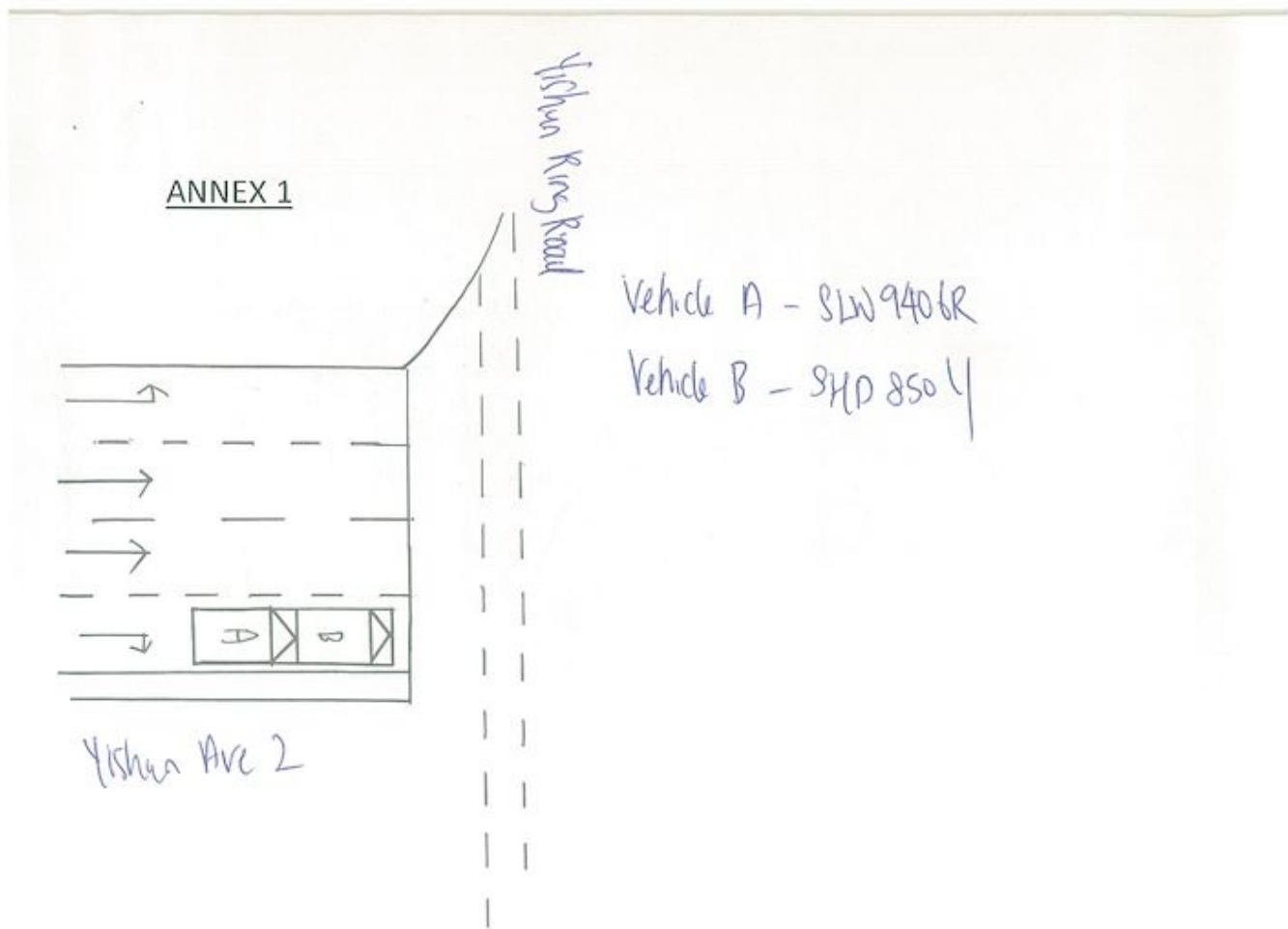


 Policyholder's Signature / Date & Time


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



 Witnessed by Reporting Centre Personnel



On the stated date and time, I (Vehicle A) was driving along Yishun Ave 2 towards Yishun Ring Road. At near the junction of Yishun Ave 2 and Yishun Ring Road, I stopped at the red light and intended to turn right. I saw the traffic turned green and I proceed without realising the vehicle (Vehicle B) in front of me didn't move therefore my vehicle collided on to Vehicle B. I alighted from my vehicle and I asked Vehicle B driver whether he had any injuries and he said he is ok, there is no passengers on-board Vehicle B. We check all vehicles damages, took photos, exchanged details and we proceed to move off.

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