

## 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 .....	04/09/2024 15:33 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	03/09/2024 02:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	BLK 713 CLEMENTI WEST STREET 2 OPEN SPACE CARPARK
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNN8093P

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMED RAJIS BIN ABDULLAH
NRIC No .....	SXXXX382D
Email Address .....	ANDRIANBOYTP@GMAIL.COM
Mobile Phone No .....	(Phone) +65-91871536
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	Cla200
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 .....	0
Vehicle Fuel .....	Petrol
First Registration Date .....	22/01/2014
Chassis no .....	WDD1173432N060157
Effective Date/Time of Ownership .....	22/01/2014 00:00 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5143884052

#### DRIVER

Name of Driver .....	MOHAMED RAJIS BIN ABDULLAH
NRIC No .....	SXXXX382D
Date Of Birth .....	16/09/1980
Occupation .....	Indoor
Driving Pass Date .....	30/10/2019
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	4 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91871536
Alt. Phone Number .....	-
Email Address .....	ANDRIANBOYTP@GMAIL.COM
Address .....	BLK 123 BUKIT MERAH VIEW #02-242
Address complement .....	-
Postcode .....	151123
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 .....	Collided into Parked Vehicle
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) .....	0
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 ATTACHED

#### 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 .....	SHB2261U
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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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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 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 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.

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.

Rafis

2:48pm  
4.9.24

Rafis

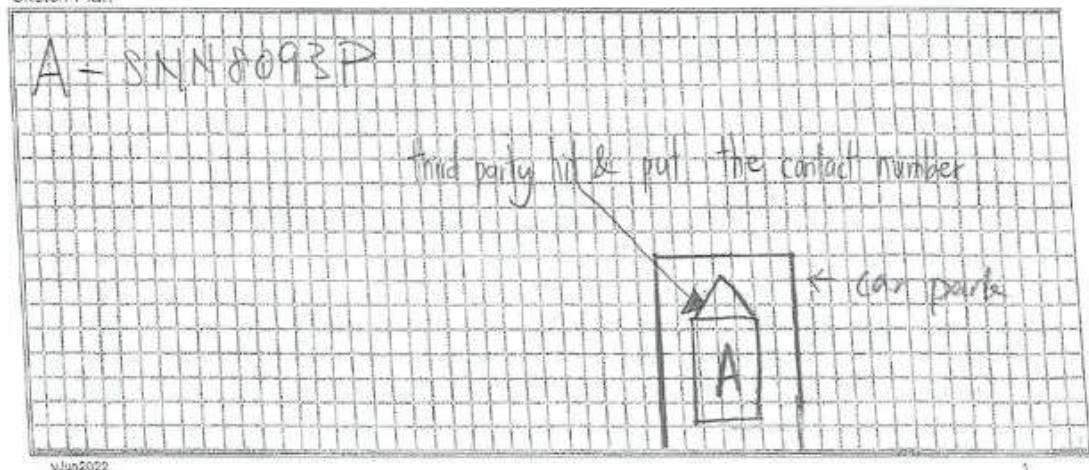
LENG

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



Describe Circumstance of the Accident

My car was parking in the carpark lot. While walking to retrieve my vehicle, I saw my vehicle front bumper was damaged. Furthermore, there was a piece of paper that was left on my wind screen. The piece of paper contain a vehicle plate number bearing the number plate of SHB 22614 with a handphone number stated on the paper. The handphone number is 96174764. I proceed to call him and he say that he admit that he knock my car and ask me to proceed to claim insurance. I ask him whatsapp him and ask for his particulars but he refused to send me. ~~at the~~

Declaration

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

2-40pm Rafu	4-9-24 Rafu	LENG
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)





























**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0030 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 ~ 17:00  
UEN: S66SS0020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SY0524940003 Vehicle Registration No: SNN8093P  
Name(as shown in NRIC) : MOHAMED RAJIS BIN ABDULLAH NRIC/FIN/Passport No : S8032382D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 123 BUKIT MERAH VIEW #02-242 Singapore( 151123 )  
Contact (Tel) : 9187 1536 Mobile No. :  
Email Address : ANDRIANBOYTP@GMAIL.COM  
Date of Accident : 03/09/2024 Time of Accident : 02:00  
Place of Accident : BLK 713 CLEMENTI WEST STREET 2 OPEN SPACE CARPARK  
Insurance Company: INCOME INSURANCE

**(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:

I WOULD LIKE TO CHANGE REPORTING ONLY TO THIRD PARTY CLAIM

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Policyholder / Driver's Signature  
Date:

LENG  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 06.09.2024