

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	21/09/2024 13:18 (SGT)
Reported by	Actual Driver
Date of Accident	20/09/2024 23:54 (SGT)
Exact Location of Accident	Tuas, Singapore
Additional Location Information	PIE TO TUAS (LAMPOST 1321)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBA5252C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NOORHERIZA BTE MOHD ARIS
NRIC No	S8434907J
Email Address	HERIZA.HARRIS@GMAIL.COM
Mobile Phone No	(Phone) +65-91687368
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Chevrolet
Model	Orlando
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
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	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5149073017

DRIVER

Name of Driver	MUHAMMAD RAZIF ARIFF BIN BAHARI
NRIC No	S8612678H
Date Of Birth	15/05/1986
Occupation	Outdoor
Driving Pass Date	21/08/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91689551
Alt. Phone Number	-
Email Address	RAZIF.ARIFF.7@GMAIL.COM
Address	BLK 437 JURONG WEST AVENUE 1 09-422 SINGAPORE 640437
Address complement	09-422
Postcode	640437
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	Side Swipe
Weather Conditions	Raining
Road Surface	Wet

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 REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGR2409P
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)	-


Describe Circumstance of the Accident

I was driving at PIE and it was raining towards TUALS.
 As there was an accident at lane 3 & 4, all the cars are slowing down.
 I was driving at Lane 2 and was hit at the right side by SGR2409P
 who was at Lane 1.
 Upon impact, i felt to the road shoulder and SGR2409P follow
 suit. Took pictures of the damages and exchange contact details.

Declaration

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

 21/9/2022
 Policyholder's Signature / Date & Time

 21/9/2022 1200hrs
 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

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

I understand, acknowledge, agree and consent that:

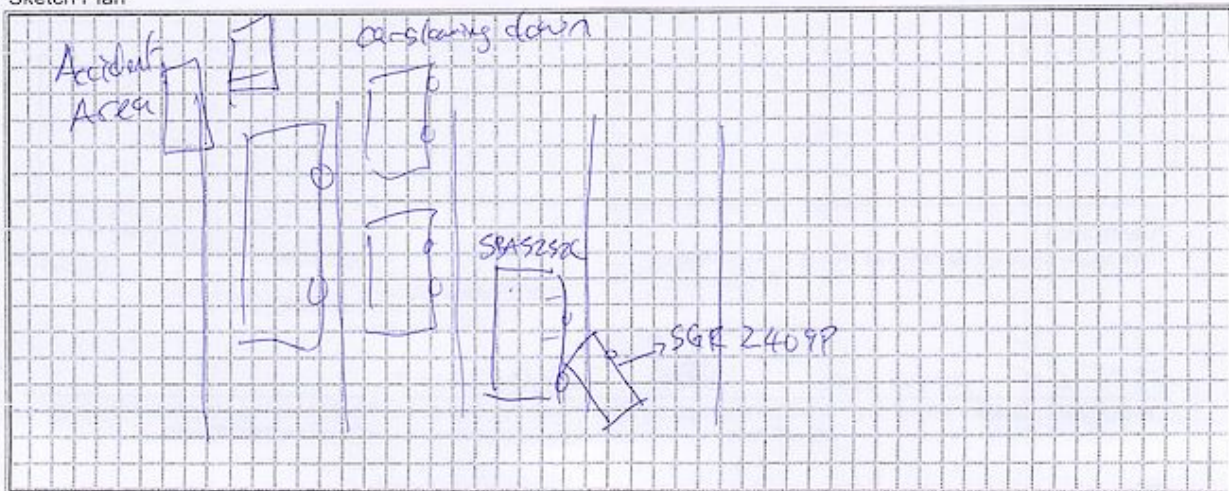
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature]
21/9/24 12:00 hrs
Policyholder's Signature / Date & Time

[Signature]
21/9/24 12:00 hrs
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

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