SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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. <u>Any false reporting may be referred to the Police for investigation.</u>
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	
Reported by	24/09/2024 14:08 (SGT)
Date of Accident	Actual Driver
Exact Location of Accident	23/09/2024 18:54 (SGT)
Additional Location Information	Woodlands Ave 1, Singapore
Country/State of Loss	FILTER LANE TO WOODLANDS AVE 2
	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2054C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHD JOHARI BIN AHMAD
NRIC No	SXXXX298B
Email Address	johsbell@singnet.com.sg
Mobile Phone No	(Phone) +65-96627815
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1200
Vehicle Fuel	-
First Regisration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0001718_06

DRIVER

Name of Driver	DAYANG SANIYAH BINTE JOHARI
NRIC No	SXXXX988F
Date Of Birth	26/10/1967
Occupation	Indoor
Driving Pass Date	29/03/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89523052
Alt. Phone Number	-
Email Address	dayangjohari26@gmail.com
Address	BLK 349 WOODLANDS AVENUE 3
Address complement	#02-59
Postcode	730349
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	Collision - Head to Rear
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)	3
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	-

PASSENGER 1

Name	MIKHAIL
Gender	Male

PASSENGER 2

Name	NAYLA NATASYA
Gender	Female

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 ATTACHED SKETCH PLANS

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	SMW5313P
Vehicle Manufacturer	Hyundai
Vehicle Model	Avante
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ISKANDAR
Contact Number	(Phone) +65-96883396
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Auto & General Insurance (Singapore) Pte. Limited.
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 | Driver's Signature (If driver is not the policyholder) / Date & Time 24/9/24 | Witnessed by Reporting Centre Personnel |

Sketch Plan

Accident report **SS2S24900002**
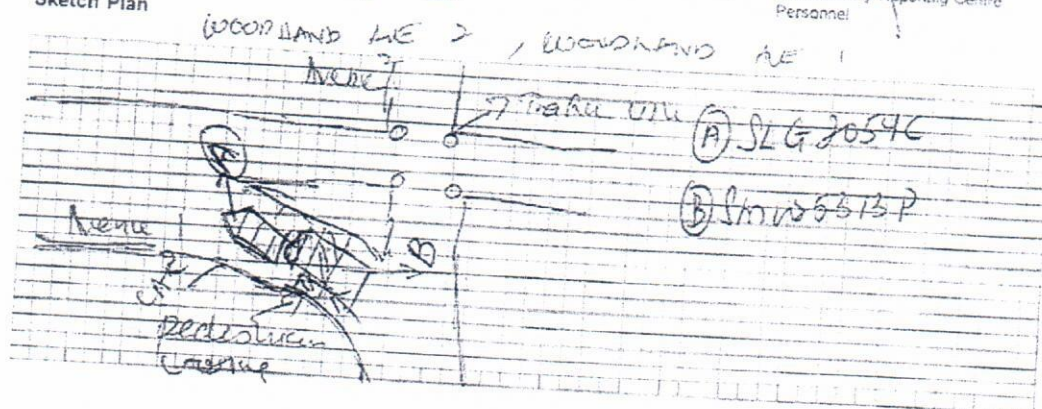
Describe Circumstances of the Accident

AT 18-54, I WAS DRIVING HOME WITH MY TWO
GRANDCHIRDREN WHEN THE DRIVER, A YONG MAN HIT
MY HUSBAND CAR. THE ROAD WAS WET AND IT WAS RAINING
THE INCIDENT HAPPEN AT THE CORNER OF THE ROAD
DESCRIBE IN SKETCH. RIGHT AFTER THE PEDESTRIAN
CROSSING. FILTER LANE INTO WOODLANDS AVE 1
FROM WOODLANDS AVE 2, NO INJURIES SUSTAIN FOR BOTH
MYSELF AND MY TWO GRANDCHILDREN AS I WAS FETCHING
THEM BACK FROM SCHOOL

☐ Claim OD   ☐ Claim Third Party   ☑ Claim OD/TP at other workshop   ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop : QUAN MOTOR WORKS

Email address : Quanmotorworks@gmail.com
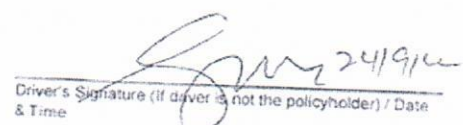
Myself email : dayangpuan36@gmail.com.

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

Declaration

I/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