

## 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	26/09/2024 17:04 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	26/09/2024 06:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AMK AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMV1007E
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JAINUL BANU D/O SHHUL HAMEED
NRIC No	S9070226B
Email Address	JBANU11@GMAIL.COM
Mobile Phone No	(Phone) +65-83337392
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.3 CVT
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	1318
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MR004980-R04

#### DRIVER

Name of Driver	JAINUL BANU D/O SHHUL HAMEED
NRIC No	S9070226B
Date Of Birth	20/09/1990
Occupation	Indoor
Driving Pass Date	22/12/2018
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83337392
Alt. Phone Number	-
Email Address	JBANU11@GMAIL.COM
Address	402A FERNVALE LANE #06-217
Address complement	-
Postcode	791402
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	Collision - Head to Rear
Weather Conditions	DRIZZLING
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bishan Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005529999
Alt. Police Station Phone No	(Fax) +65-65561905
Police Station Address	20 Bishan Street 23 Singapore 579757
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### SAME AS SKETCH

#### 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	SMY5339E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH SWEE KOON
Contact Number	(Phone) +65-98514496
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person	JAINUL BANU D/O SHHUL HAMEED
Gender	Female
Phone No	(Phone) +65-83337392
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV1007E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

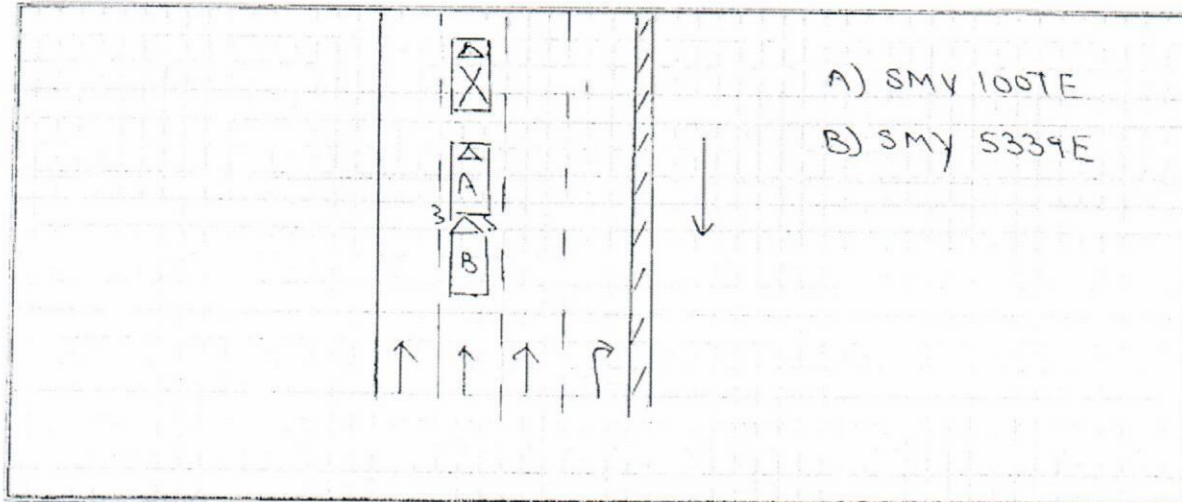
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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]* 26/9/24  
Policyholder's Signature / Date & Time

*[Signature]* 26/9/24  
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

When the vehicles ahead of mine stopped.  
I follow suit. Shortly after Veh (B) rear-ended  
my car.  
Alighted to check & we exchange particulars.  
Due to the sudden jolted, I felt discomfort  
on my back & neck. I will be seeking consulting  
the doctor later.

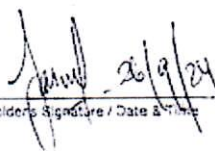
Police Report No: T/20240926/2060

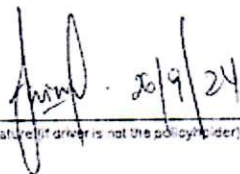
Remark: 3rd party claim at: EM SOLUTION PTE LTD

160 Sin Ming Drive  
#03-18/19 Sin Ming Autocity  
Singapore 575722  
Tel: 6456 0226 Fax: 6458 4500  
Email: emautosolution@singnet.com.sg

Declaration

We declare the foregoing particulars are true in every respect.

 20/9/24  
Policyholder's Signature / Date & Time

 20/9/24  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

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







