

## 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 .....	30/09/2024 10:01 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	28/09/2024 11:35 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	CTE SLE
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SNK4459K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SHALAN BIN HAPAH
NRIC No .....	SXXXX753A
Email Address .....	HAPSHA69@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-93285271
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	KICKS PREMIUM 1.2L E-POWER
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 .....	1198
Vehicle Fuel .....	Petrol-Electric
First Registration Date .....	17/04/2023
Chassis no .....	MNTFEAP15Z0005612
Effective Date/Time of Ownership .....	17/04/2023 09:04 (SGT)

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P11059246R00

#### DRIVER

Name of Driver .....	SHALAN BIN HAPAH
NRIC No .....	SXXXX753A
Date Of Birth .....	13/11/1962
Occupation .....	Indoor
Driving Pass Date .....	18/08/1988
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	36 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-93285271
Alt. Phone Number .....	-
Email Address .....	HAPSHA69@YAHOO.COM.SG
Address .....	BLK 113 WOODLANDS STREET 13 11-118 SINGAPORE 730113
Address complement .....	-
Postcode .....	-
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 .....	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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
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 .....	ROSNI BINTE ABDUL HAMID
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

SEE ATTACHED SKETCH PLAN AND PHOTOS

#### 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 .....	SHC2427D
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	MOH YONG CHEK
Contact Number .....	(Phone) +65-97411839
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 .....	ROSNI BINTE ABDUL HAMID
Gender .....	Female
Phone No .....	(Phone) +65-97909538
Address .....	BLK 113 WOODLANDS STREET 13 11-118 SINGAPORE 730113
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	62
Injuries Sustained .....	LOWER BACK PAIN
Injured person in which vehicle? .....	SNK4459K
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

  
SHALAN BIN HAPAH

Policyholder's Signature / Date & Time

30.09.2024 8:24 AM

Sketch Plan

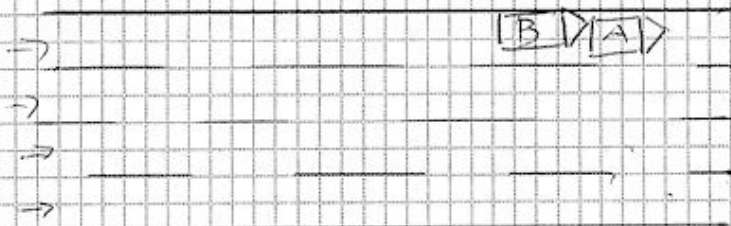
Driver's Signature (if driver is not the policyholder) / Date

& Time

ELMER ALFONSO

Witnessed by Reporting Centre Personnel

(Name as in NRIC/ID card) GXXXX824L


A: SNK4459K B: SHC2427D	LOCATION: CTE SLE
	

## Describe Circumstance of the Accident

28.09.2024 11:35 AM I WAS DRIVING MY VEHICLE "A" TOWARDS CTE SLE THE LORRY INFRONT OF ME 50 METERS AHEAD STOPPED. I SLOW DOWN AND STOPPED MY VEHICLE "A" HOWEVER THE VEHICLE "B" DID NOT STOP IN TIME AND HIT MY VEHICLE "A" AT THE LEFT REAR PORTION.

## Declaration

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

  
SHALAN BIN HAPAH

Policyholder's Signature / Date & Time

30.09.2024 8:24 AM

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

  
AUTOLUTION INDUSTRIAL PTE LTD  
19 UBI ROAD 4  
SINGAPORE 408623  
TEL: 6490 9665 FAX: 6846 7483

ELMER ALFONSO

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

GXXXX824L

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