

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	05/11/2024 10:28 (SGT)
Reported by	Actual Driver
Date of Accident	20/09/2024 16:30 (SGT)
Exact Location of Accident	6 Raffles Blvd, Singapore 039594
Additional Location Information	(CARPARK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD8288Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	NAT & MEL PTE. LTD.
Company Reg No	201622174C
Email Address	adalyusoff@gmail.com
Mobile Phone No	(Phone) +65-94233734
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	V220
Variant	CDI EXTRA-LONG AT
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	2143
Vehicle Fuel	Diesel
First Registration Date	-
Chassis no	WDF44781523187939
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MCV0007498

DRIVER

Name of Driver	MUHAMMAD AFDHALUDDIN BIN YUSOFF
NRIC No	S9103023C
Date Of Birth	21/01/1991
Occupation	Outdoor
Driving Pass Date	13/02/2019
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	5 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88850393
Alt. Phone Number	-
Email Address	adalyusoff@gmail.com
Address	820B KEAT HONG LINK #07-342
Address complement	-
Postcode	682820
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

ON THE 20/09/2024 AT AROUND 1630 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION NUMBER (PD8288Z) ALONG 6 RAFFLES BLVD. I WAS EN-ROUTE FROM THE BASEMENT CARPARK HEADED TOWARDS THE EXIT. I WANTED TO TURN LEFT UP THE RAMP TO EXIT THE CARPARK BUT I OVERSHOT AND NEEDED TO REVERSE. SUDDENLY, AS I WAS REVERSING, THERE WAS AN IMPACT FROM THE REAR LEFT OF VEHICLE A. VEHICLE A COLLIDED REAR LEFT ONTO VEHICLE B BEARING REGISTRATION NUMBER (FBU1268D) . DAMAGES WERE FOUND ON THE REAR LEFT PORTION OF VEHICLE A AND FRONT MUDGUARD OF VEHICLE B. A FEW DAYS AFTER, I TRANSFERRED AN AMOUNT OF \$150 THINKING THAT PRIVATE SETTLEMENT WAS ALLOWED BUT I DO NOT HAVE PROOF AS I ALREADY CHANGED PHONE. NO INJURIES WERE SUSTAINED AT AT TIME OF ACCIDENT.

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	FBU1268D
Vehicle Manufacturer	R.A.P
Vehicle Model	IONA AKA OAK
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT MUDGUARD
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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

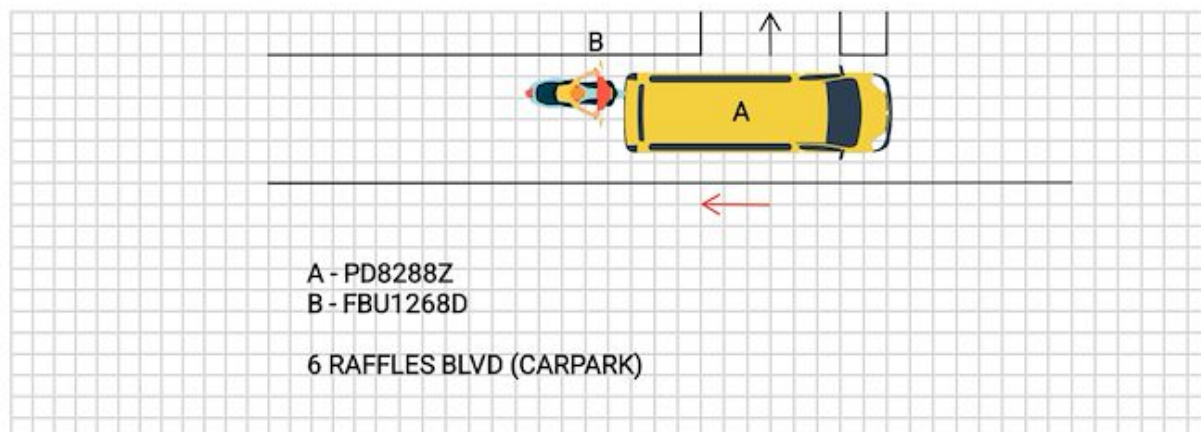
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time
04/11/2024 - 2030 HRS

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

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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

















