

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	12/10/2024 12:31 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/10/2024 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	AYE EXPRESSWAY TOWARDS TUAS BEFORE CLEMENTI EXIT 9
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS1034D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RAFFY AHAMED SHERIFF
NRIC No	SXXXXX806A
Email Address	ZCWASPTE@YAHOO.COM
Mobile Phone No	(Phone) +65-91015162
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
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	1591
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC24A00087101

DRIVER

Name of Driver	NG YAN ZHI
NRIC No	SXXXX550Z
Date Of Birth	18/09/1992
Occupation	Outdoor
Driving Pass Date	05/04/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83990284
Alt. Phone Number	-
Email Address	ZCWASPTE@YAHOO.COM
Address	BLK 547 CHOA CHU KANG STREET 52 #12-23
Address complement	-
Postcode	680547
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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)	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 11/10/2024 AT ABOUT 18:40HRS, I WAS DRIVING "SLS1034D" ALONG AYE EXPRESSWAY TOWARDS TUAS BEFORE CLEMENTI EXIT 9. FRONT VEHICLE SLOW DOWN AND STOP, I FOLLOW AS WELL SLOW DOWN AND STOP. SUDDENLY VEHICLE B "GBG8514X" COLLIDED ONTO MY REAR CAR PORTION. AFTER EXCHANGE PARTICULAR AND LEAVE THE SCENE, I FELT UNWELL AND BODY PAIN SO I DECIDE TO CONSULT DOCTOR.

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	GBG8514X
Vehicle Manufacturer	Nissan
Vehicle Model	Nv200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	YANG CHUAN YI
Passport No/FIN	GXXXX993P
Contact Number	(Phone) +65-94391963
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	NG YAN ZHI
Gender	Male
Phone No	(Phone) +65-83990284
Address	BLK 547 CHOA CHU KANG STREET 52 #12-23
Address Complement	-
Post Code	680547
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLS1034D
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.

ZHONG CHENG ENTERPRISE

Carros Centre #04-53

60 Jln Lam, H, Singapore 737869

Tel: 8383 0453

Email: admin@zhongcheng.com.sg

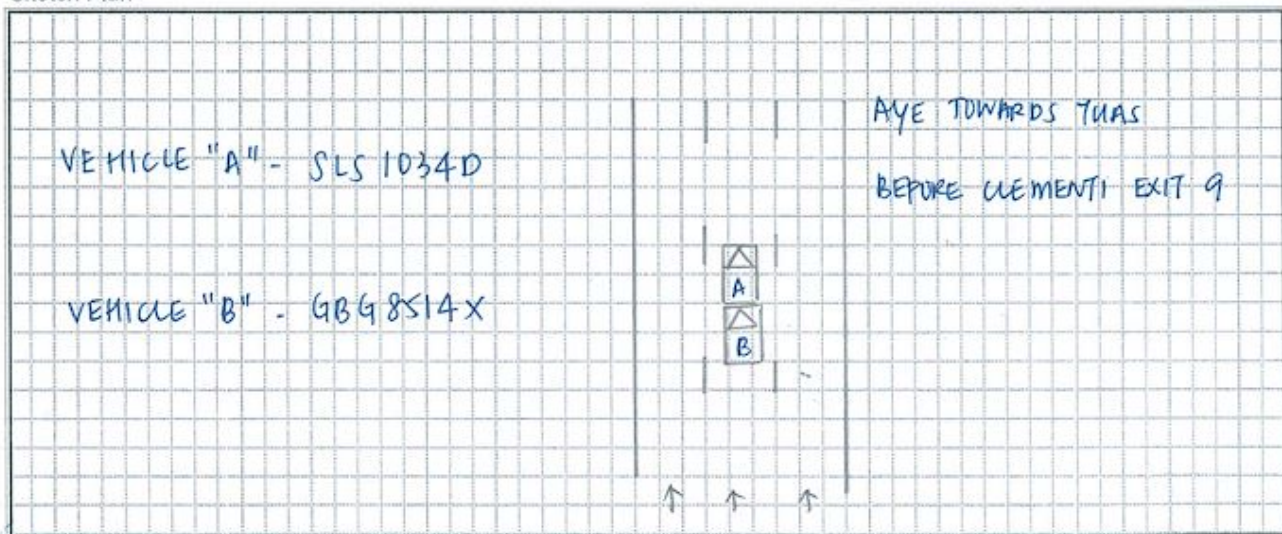
Reg No: 53156899C

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

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 AYE EXPRESSWAY TOWARDS THAS BEFORE CLEMENTI EXIT 9. FRONT VEHICLE
 SLOW DOWN AND STOP, I FOLLOW AS WELL SLOW DOWN AND STOP. SUDDENLY
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 EXCHANGE PARTICULAR AND LEAVE THE SCENE, I FELT UNWELL AND BODY
 PAIN SO I DECIDE TO CONSULT DOCTOR.

Was there any video captured by Car Camera? Yes / No
 Has the driver been approached by unknown person(s)? Yes / No
 Number of Passengers (Including Driver)? 01
 Name Gender:
 Name Gender:
 Name Gender:

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

ZHONG CHENG ENTERPRISE
 Carros Centre #04-53
 60 Jin Lam Huat, Singapore 737869
 HP: 8383 0453
 Email: admin@zhongcheng.com.sg
 Reg No. 53156999G
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)