

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	19/09/2024 16:07 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/09/2024 16:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS VIADUCT TOWARDS TUAS VIADUCT AVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK2221C
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SHAIFUL ANUAR BIN RAMLI
NRIC No	S7528411Z
Email Address	SHAIFUL@CSMARINE.COM.SG
Mobile Phone No	(Phone) +65-90622140
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ODYSSEY 2.4 EXV-S CVT SR
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	2356
Vehicle Fuel	Petrol
First Registration Date	17/12/2015
Chassis no	JHMRC1890GC200740
Effective Date/Time of Ownership	06/09/2020 04:09 (SGT)

INSURANCE COMPANY

Name of Insurance Company	ECICS Limited
Policy Number / Cover Note Number	MPC23P00335300

DRIVER

Name of Driver	SHAIFUL ANUAR BIN RAMLI
NRIC No	S7528411Z
Date Of Birth	02/09/1975
Occupation	Indoor
Driving Pass Date	03/04/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90622140
Alt. Phone Number	-
Email Address	SHAIFUL@CSMARINE.COM.SG
Address	BLK 655 SENJA ROAD 07-272 SINGAPORE 670655
Address complement	-
Postcode	670655
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	Side Swipe
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)	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	NUR AILQAH
Gender	Female

PASSENGER 2

Name	EZRA
Gender	Male

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 TO SKETCH PLAN

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 GBB9105M
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Goods vehicle
Name of Driver WANG SHAO FENG
Contact Number (Phone) +65-81184027
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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:

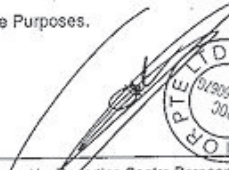
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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")

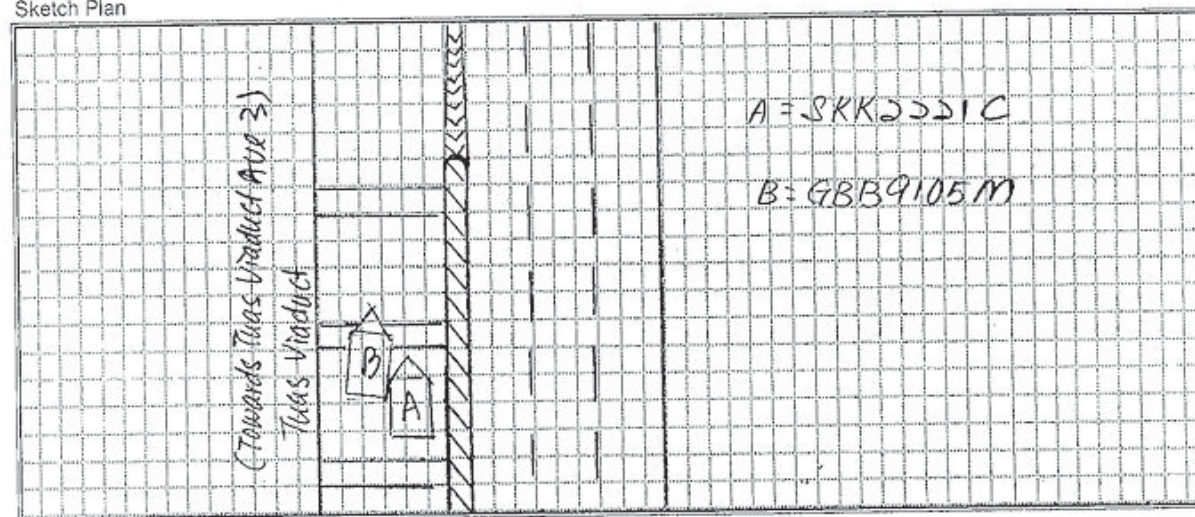
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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


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

Sketch Plan

Describe Circumstances of the Accident

****Date of Incident:**** 17 September 2024

****Time of Incident:**** Approximately 16:30 - 16:40

****Location:**** Tuas Viaduct exit to Tuas South Ave 3

****Vehicle Involved:**

****Your Vehicle Registration No:**** SKK2221C

****Lorry Registration No:**** G889105M

****Description of Incident:**

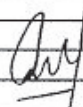
At approximately 16:30 to 16:40 on 17 September 2024, I was travelling on the Tuas Viaduct exit to Tuas South Ave 3 when a lorry with registration number G889105M suddenly changed lanes and collided with the left side of my vehicle (SKK2221C).

****Additional Notes:****

- The weather conditions were clear at the time of the accident.
- I was maintaining my lane and speed when the incident occurred.
- No injuries were reported.

****Actions Taken:****

- I ensured the safety of myself and other road users by moving to a safe location.
- I exchanged information with the lorry driver.

TP claim @ Thiam Heng Huat Pte Ltd 

Declaration

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 Officer
Personnel



Lee Long Beng <thiamhenghuat@gmail.com>

SKK2221C

1 message

Shaiful Anuar Ramli <shaiful@csmarine.com.sg>
To: "thiamhenghuat@gmail.com" <thiamhenghuat@gmail.com>

18 September 2024 at 15:36

Accident Report

****Date of Incident:**** 17 September 2024
****Time of Incident:**** Approximately 16:30 - 16:40
****Location:**** Tuas Viaduct exit to Tuas South Ave 3

****Vehicle Involved:****
- ****Your Vehicle Registration No:**** SKK2221C
- ****Lorry Registration No:**** GBB9105M

****Description of Incident:****
At approximately 16:30 to 16:40 on 17 September 2024, I was traveling on the Tuas Viaduct exit to Tuas South Ave 3 when a lorry with registration number GBB9105M suddenly changed lanes and collided with the left side of my vehicle (SKK2221C).

****Additional Notes:****
- The weather conditions were clear at the time of the accident.
- I was maintaining my lane and speed when the incident occurred.
- No injuries were reported.

****Actions Taken:****
- I ensured the safety of myself and other road users by moving to a safe location.
- I exchanged information with the lorry driver.



















