

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	19/11/2024 17:59 (SGT)
Reported by	Actual Driver
Date of Accident	19/11/2024 09:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE Towards CTE (Before Woodlands Avenue 9 Exit)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE2299A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Mohamad Nur Amirul Bin Mohamed Iskandar
NRIC No	SXXXX184C
Email Address	isatu6911@gmail.com
Mobile Phone No	(Phone) +65-82994262
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	GLB200
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	1332
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA036284

DRIVER

Name of Driver	Mohamed Iskandar Bin Abas
NRIC No	SXXXX367I
Date Of Birth	31/05/1972
Occupation	Indoor
Driving Pass Date	01/11/2021
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	3 YEARS
Gender	Male
Mobile Number	(Phone) +65-98392798
Alt. Phone Number	-
Email Address	isatu6911@gmail.com
Address	121A Edgedale Plains #11-231
Address complement	-
Postcode	821121
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	After rain
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to accident statement

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	GBL1113P
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
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	Mohamed Iskandar Bin Abas
Gender	Male
Phone No	(Phone) +65-98392798
Address	121A Edgedale Plains #11-231
Address Complement	-
Post Code	821121
Approximate Age Years Old	-
Injuries Sustained	Body Pain
Injured person in which vehicle?	SNE2299A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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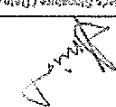
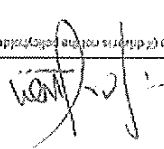
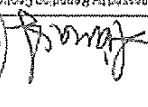
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6. Consent under the Personal Data Protection Act (PDPA)

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 insurers/who have insured vehicle(s) involved in this accident (all insurers) 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 purposes of:
- (i) investigating the accident and/or my claims,
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me,
- (iii) administering my claims (including the making 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 envelop/postal packages), and/or
- (iv) complying with applicable law in administering processing, handling and/or dealing with my claims.

- (v) 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/are 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 filed outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time	Driver's Signature (if different from policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in MRDID card)
		



Describe Circumstance of the Accident

On the stated date and time, I was travelling on lane 1 and when the front vehicle slowed down and stopped, hence I also followed suit. Suddenly, I heard a loud bang and felt great impact from behind. When I alighted, I then realised vehicle GBL1113P hit onto the rear portion of my vehicle SNE2299A.

Declaration

IN/We declare the foregoing particulars are true in every respect

Amir
 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 card)