VERSION: 1 (12/12/2024 12:36 (SGT))



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 witholding of material facts may allow insurance companies to repudiate
- 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 12/12/2024 12:36 (SGT) Reported by Actual Driver Date of Accident 11/12/2024 18:18 (SGT) **Exact Location of Accident** Singapore Additional Location Information PIE TOWARDS TUAS Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SME2872G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMED NOOR BIN ABDULLAH NRIC No SXXXX977I Email Address MIRZAMOHAMEDNOOR@GMAIL.COM Mobile Phone No (Phone) +65-94504628 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Honda Model Civic Variant Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1600 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number

DRIVER

Name of Driver MIRZA BIN MOHAMED NOOR NRIC No SXXXX308D Date Of Birth 09/05/1998 Occupation Indoor Driving Pass Date 25/04/2018 Driving License Pass Class 3 Driving License Validity Valid Driving experience 6 YEARS AND 8 MONTHS Gender Mobile Number (Phone) +65-82986555 Alt. Phone Number Email Address MIRZAMOHAMEDNOOR@GMAIL.COM Address Address complement Postcode 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 3 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1**

SHC8411J

Vehicle Manufacturer

Vehicle Registration Number

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	2.0
Vehicle Category	Tax
Name of Driver	220
Contact Number	=20
Address	2
Address complement	_
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMU7865K
Vehicle Manufacturer	ä .
Vehicle Model	-
Vehicle Variant	=
Vehicle Colour	=
Vehicle Category	Private car
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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- 7. By the fodgament 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 aforested.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 (all insurers) who have insured vehicle(s) involved in this accident (all insurers) have personal information to all insurers (s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the fisurers law yers/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 cortain 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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Declaration

IWo declare the foregoing particulars are true in every respect.

Pošcyholder's Signature / Date & Turio

Driver's Signature (If driver is not the potcyholder) / Date

Witnessed by Reporting Centre Personnel