# **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 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.

- 4. The issue and acceptance of this is form by instrained 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 10/06/2024 14:43 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 08/06/2024 14:10 (SGT) Exact Location of Accident Singapore Additional Location Information PIE(TUAS)B4 KALLANG BAHRU EXIT Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Renault

1500

Vehicle Registration Number **SLV2923R** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SELAMAT BIN SUKIYAR NRIC No SXXXX999D Email Address osha819@yahoo.com.sg Mobile Phone No (Phone) +65-98471600 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model Scenic 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMPCSNA00090082303

DRIVER

CC

Name of Driver SELAMAT BIN SUKIYAR NRIC No SXXXX999D Date Of Birth 18/05/1961 Occupation Indoor

Driving Pass Date 11/07/1980 Driving experience 43 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98471600 Alt. Phone Number Email Address osha819@yahoo.com.sg Address BLK 819 WOODLANDS ST 82 Address complement #03-347 Postcode 730819 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 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 Was anybody injured in the Accident? Yes 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? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name AISHA BTE OSMAN Gender PASSENGER 2 Name **AUZYNN** Gender Male PASSENGER 3 Name MUHAMMMMAD SHAHEEN Gender Male PASSENGER 4 Name **NUR SHAFEEYAH** Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom?

PLS REFER TO THE ATTACHED STATEMENT.

CIRCUMSTANCES OF ACCIDENT

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

WITH WORKSHOP

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SNG8905J Vehicle Manufacturer 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)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number **SMR5940E** Vehicle Manufacturer 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)

## **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person SELAMAT BIN SUKIYAR Gender Male Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **SLIGHT** Injured person in which vehicle? SLV2923R Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο INJURED 2

Name of injured person AISHA BTE OSMAN
Gender Female
Phone No Address Address Complement -

| Post Code   | -   |  |
|---|---|--|
| Approximate Age Years Old   | -   |  |
| Injuries Sustained  | SLIGHT  |  |
| Injured person in which vehicle?  | SLV2923R  |  |
| Were seat belts worn?   | Yes   |  |
| Was this injured conveyed to hospital by ambulance?   | -   |  |
| INJURED 3   |   |  |
| INJUNED 3   |   |  |
| Name of injured person  | AUZYNN  |  |
| Gender  | Male  |  |
| Phone No  | -   |  |
| Address   | -   |  |
| Address Complement  | -   |  |
| Post Code   | -   |  |
| Approximate Age Years Old   | -   |  |
| Injuries Sustained  | SLIGHT  |  |
| Injured person in which vehicle?  | SLV2923R  |  |
| Were seat belts worn?   | -   |  |
| Was this injured conveyed to hospital by ambulance?   | -   |  |
| INJURED 4   |   |  |
| N. C. C.  |   |  |
| Name of injured person  Gender  | MUHAMMMMAD SHAHEEN                                    |  |
|   |   |  |
|   | Male  |  |
| Phone No  | -   |  |
| Phone No<br>Address   | -<br>-  |  |
| Phone No Address Address Complement   | -<br>-<br>-   |  |
| Phone No Address Address Complement Post Code   | -<br>-<br>-<br>-                                      |  |
| Phone No Address Address Complement Post Code Approximate Age Years Old   | -<br>-<br>-<br>-                                      |  |
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| Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 5 Name of injured person Gender   | -<br>-<br>-<br>-<br>-<br>SLIGHT<br>SLV2923R<br>-<br>- |  |
| Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?  INJURED 5  Name of injured person Gender Phone No  | -<br>-<br>-<br>-<br>-<br>SLIGHT<br>SLV2923R<br>-<br>- |  |
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| Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?  INJURED 5  Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? | SLIGHT SLV2923R NUR SHAFEEYAH Female SLIGHT           |  |
| Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? INJURED 5 Name of injured person Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?                         | SLIGHT SLV2923R NUR SHAFEEYAH Female SLIGHT           |  |

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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.
- Any false reporting may be referred to the Traffic Police Department for investigation.
- 8. 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 Profession 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, discloss 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 lawyerallaw firms), which may be sited outside of Singapore, for one or more of the above Purposes,

Policyholder's Signature / Date & Time

(if driver is not the policyholder) / Date

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

10/06/24

Sketch Plan

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| Tyholdar's Signature / Dale & Time Driver's Signature (if driver is not the policyholder) / Data Witnessed by Reporting Centre Personnel   |              | are true in every respect. | WHERE CHARGE ADDRESS WAS READED & 1 CO. |            |
|  |              | y the                      | el 1                                    | 2/04/20    |

















