

## 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 Authorised 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 ability
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 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 Report	25/02/2015 11:43
Date Of Accident	25/02/2015 09:20
Exact Location Of Accident	ALONG PIE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC309P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED ASBAT BIN MUNIR
Passport No/FIN	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97858219
Alternative Phone No	Others-97858219

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? No

If No, Please state action to be taken Third Party

Vehicle Category Private Car

### Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	M064775 (COMP)
Cover Note Number	

### Driver

Name of Driver	MOHAMED SHUHAIME BIN MOHAMED ASBAT
NRIC No	S7500285H
Date Of Birth	04/01/1975
Occupation	Outdoor
Date Of Driving Pass	07/05/2007
Driving Experience	7 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-91273980
Fax Number	
Contact Number	
Email Address	NOEMAIL

AXA

Address	BLK 3D UPPER BOON KENG ROAD #20-644
Postcode	384003
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

ACCIDENT HAPPENED ON 25TH FEBRUARY 2015 AT ABOUT 09:21 AM. PLEASE REFER TO STATEMENT ATTACHED.  
**\*\*ATTENDED BY CHRISTINA\*\***

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFU3331T
Vehicle Make/Model/Colour	PORCHE
Details Of Properties	
Name of Driver	TAN MUI KIAM
NRIC/Passport Number	S1772468A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT5650S
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Name of Driver	TSU KIM HUAT
NRIC/Passport Number	S2513281E
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**Details of Witness**

Name  
Phone Number  
Email Address

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	YL5571B
Vehicle Make/Model/Colour	MITSUBISHI LORRY
Details Of Properties	
Name of Driver	LIN CHUN FONG
NRIC/Passport Number	S8740421H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Details of Witness**

Name  
Phone Number  
Email Address

**SKETCH PLAN****IMPORTANT NOTICE**

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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.

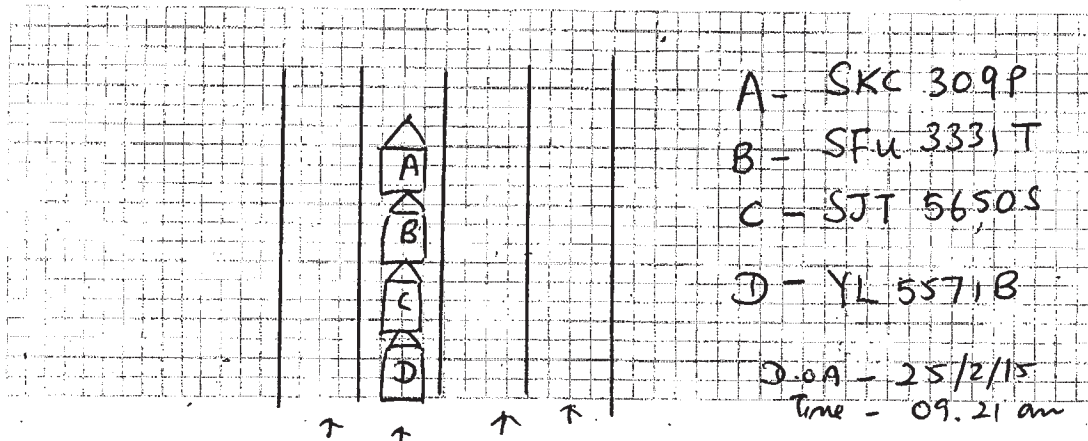
25 FEB 2015



Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**

**Describe Circumstances of the Accident**

Driving along R1E. SAW IN FRONT A LOW RANGER JUST IN FRONT OF EAT GARDEN. UPON SEEING THE SAID VEHICLE BRAKE I CAME TO SLOW DOWN AND STOP MY VEHICLE. SUDDENLY A LOW RANGER CAME FROM BEHIND AND I KNOW MY CAR WAS BEING HIT FROM THE BACK. THERE WERE TOTAL OF 4 VEHICLES INVOLVED INCLUDING MY VEHICLE.

**Declaration**

We declare the foregoing particulars are true in every respect.

25 FEB 2015



25 Feb 2015

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel