

## 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 21/11/2017 16:05  
Date Of Accident 20/11/2017 22:05  
Exact Location Of Accident GAMBAS AVE EXIT WOODLANDS AVE 12  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD5218E  
**Insured/Policyholder**  
Name Of Registered Owner SYED FADZLEIGH BIN SHAFARI  
NRIC No S8013419C  
Email Address FADZLEIGH@GMAIL.COM  
Mobile Phone No (LOCAL) +65-93864202  
Alternative Phone No OTHERS-NOPHONE

### Vehicle Particulars

Manufacturer TOYOTA  
Model HARRIER-2.4 (A)  
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 DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy NO  
Policy Number MT/00127218/05  
Cover Note Number

### Driver

Name of Driver SYED FADZLEIGH BIN SHAFARI  
NRIC No S8013419C  
Date Of Birth 20/05/1980  
Occupation INDOOR  
Date Of Driving Pass 23/03/2000  
Driving Experience 17 YEARS AND 7 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-93864202  
Fax Number  
Contact Number OTHERS-NOPHONE  
EMail Address FADZLEIGH@GMAIL.COM

Address BLK 803 WOODLANDS ST 81 #06-57  
Postcode 730803  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR  
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  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 3

#### 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

REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKA756S  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver SAFARUDIN BIN MUSTAFA  
NRIC/Passport Number S7642984G  
Contact Number 91000486  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address


**SKETCH PLAN**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

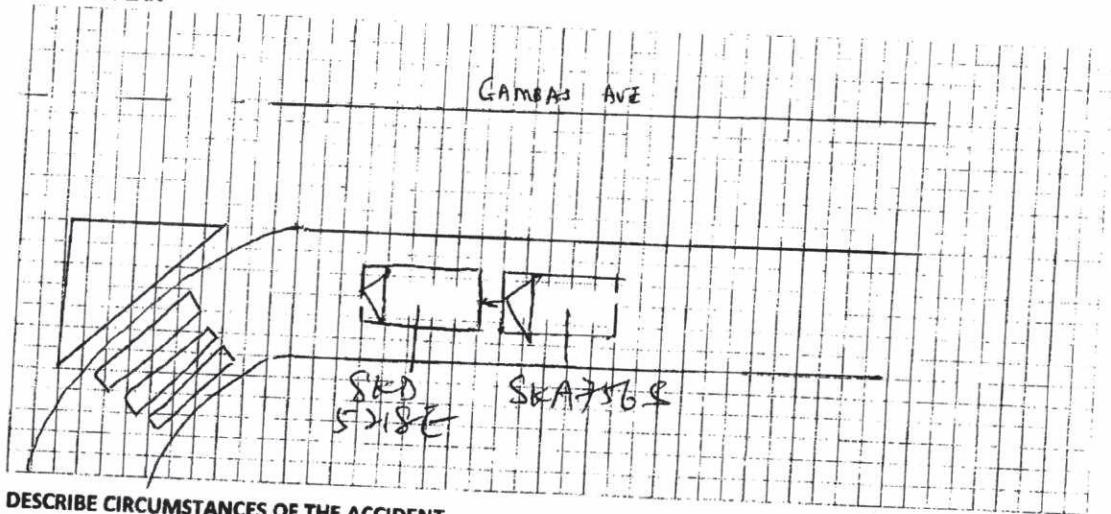
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Sketch Plan Pg. 2

## SKETCH PLAN

WOODLANDS AVE 12



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Gambas Ave @ 10.07 pm 20/11/17 in vehicle number SKD 5218E. I slowed down almost to a complete halt while waiting to enter the slip road leading into Woodlands Ave 12. I was suddenly hit in the rear by vehicle number SKA 756S.

- ☐ Claim OD/TP at Ah Lim Motor ☒ Claim ~~OD~~ TP at other workshop  
☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :  
 My workshop : Kennychan@alanutd.com  
 email address :  
 & myself :  
 email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
 Date & Time: 21/11/17

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

Reporting Centre Personne's Signature  
 Name:  
 NRIC/FIN No.:

CRABIC Sketch Plan Form 93