

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	27/11/2017 18:37
Date Of Accident	25/11/2017 19:00
Exact Location Of Accident	PIE TOWARDS CHANGI BEFORE STEVENS ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBU2416L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SHAMSUL BIN ISA
NRIC No	S7918527B
Email Address	REME033@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91817462
Alternative Phone No	OTHERS-83234202

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MT/00399127
Cover Note Number	

Driver

Name of Driver	MOHAMED ABDUL KADIR BIN MOHAMED ZAILANI
NRIC No	S8535694A
Date Of Birth	24/10/1985
Occupation	INDOOR
Date Of Driving Pass	29/01/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90262794
Fax Number	
Contact Number	
EEmail Address	REME033@GMAIL.COM

Address	BLKM 65 TELOK BLANGAH DRIVE #12-148
Postcode	100065
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	RAINING
Road Surface	WET

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

PLEASE REFER TO SKETCH PLAN (PHOTOS ONLY FROM THE DRIVER HANDPHONE CAR WAS AT THE WORKSHOP)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN9149D
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Name of Driver	GOPI S/O KUNA SEGARAN
NRIC/Passport Number	S8824498B
Contact Number	96190365
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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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: 27/11/17
1650 hrs

Driver's Signature

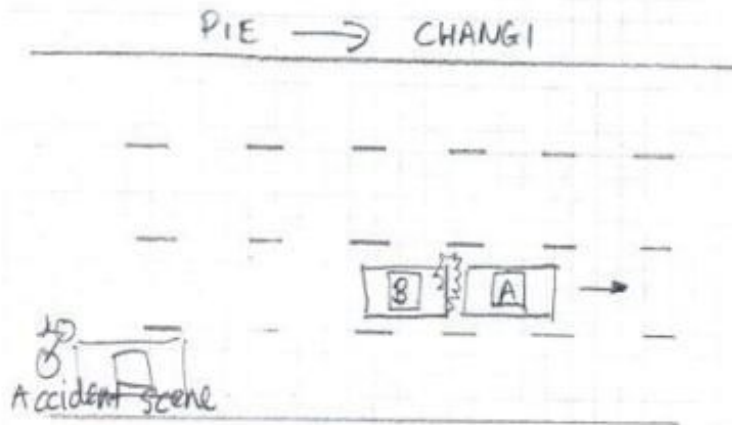
(If driver is not the policyholder)
Date & Time: 27/11/17
1650 hrs

Reporting Centre Personnel's Signature

Name: [Signature]
NRIC/FIN No.: [Signature]

Sketch Plan #2

SKETCH PLAN



A - SJN9149D
B - SBU 2416L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The incident happened on Saturday 25 November 2017 at about 7pm. I was driving along PIE towards Changi on the 2nd lane at a speed of about 70km/h. I was about 4 to 5 car lengths away from the car in front, a Mazda 3 plate SJN9149D. The car in front suddenly jammed brake to a halt. I did my emergency braking but did not manage to stop in time. We got out of the car and asked if anyone was injured and both agreed that the passengers and drivers from both vehicles was ok. Pictures were taken on the scene and particulars were exchanged. The road condition on that day was wet because it was raining. The driver of the Mazda 3 did not wait longer and asked to leave the scene as he was in a rush to leave. We agreed to private settle. We met up on 27 November at his workshop to settle but the quotation was unreasonable, \$1200. We wanted to get a second quotation from my own workshop but he refused and insisted on doing it at his workshop. The \$1200 was quoted to change the entire bumper, licence plate and respray the bumper. There was an accident in the 1st lane involving a taxi, motorcycle and a few cars.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/11/17
1700hrs

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

27/11/2017
Rishi Wathia

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

