

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 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	13/04/2018 00:14
Date Of Accident	06/04/2018 16:00
Exact Location Of Accident	ALONG UPPER THOMSON ROAD TOWARDS SEMBAWANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE6667E
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AZWIR BIN MOHAMMAD ROSDI
NRIC No	S8233196D
Email Address	MAXPHREAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91087201
Alternative Phone No	OFFICE-91087201

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPPHQ17-002415
Cover Note Number	N.A.

Driver

Name of Driver	MOHAMMAD AZWIR BIN MOHAMMAD ROSDI
NRIC No	S8233196D
Date Of Birth	18/10/1982
Occupation	INDOOR
Date Of Driving Pass	20/08/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91087201
Fax Number	
Contact Number	OFFICE-91087201
Email Address	MAXPHREAK@GMAIL.COM

Address	BLK 175 ANG MO KIO AVE 4 #04-765
Postcode	560175
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD, ON THE CENTRE LANE OF A THREE LANE ROAD, FOLLOWING VEHICLE B AT A DISTANCE. TRAFFIC WAS MOVING SLOW AND WHEN WE CAME AT THE TRAFFIC LIGHT JUNCTION I CAN SEE VEHICLE B MOVED PASSED THE STOP LINE AND INTO THE YELLOW BOX. EXPECTING VEHICLE B TO MOVE AND NOT STOPPING IN THE MIDDLE OF THE YELLOW BOX, SUDDENLY VEHICLE B MADE A SUDDEN STOP. IN SEEING THIS I APPLIED MY BRAKES BUT NOT ABLE TO STOP IN TIME AND THE FRONT PORTION F MY V HICLE HIT THE REAR OF VEHICLE B. NOBODY WAS INJURED, I DID NOT MAKE ANY REPORT EARLIER BECAUSE I WAS IN THE MIDST OF CONVERSATION WITH THE DRIVER OF VEHICLE B UPON SEEING THAT THERE WAS NO VISIBLE NOR APPARENT DAMAGES ON VEHICLE B AND NO MENTIONED OF INSURANCE CLAIM FROM DRIVER. UNTIL I RECEIVED A CALL FROM MY HIRE PURCHASE COMPANY ON 12/04/2018 SAYING THAT THERE IS A CLAIM MADE AGAINST ME. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SGV618U
Vehicle Make/Model/Colour	CITROEN/C4PICASSO 1.6 B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

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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/postal 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.

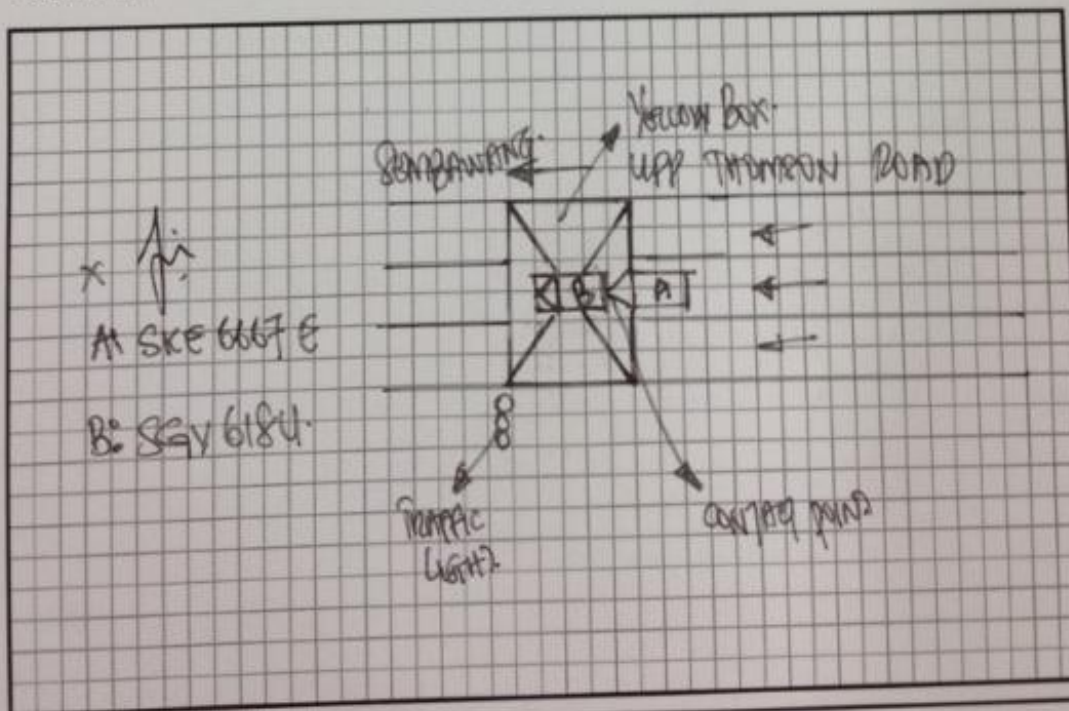
[Signature] 13-Apr-18
Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS
REPORTING OFFICER
Hashim Kamari

Witnessed by Reporting Centre
Personal 120418

Sketch Plan



Common Statement

ACCIDENT STATEMENT (2000 characters)

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STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
HASHIM BIN KAMARI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

12 April 2018 at 6:13 PM

Date/Time:

12 April 2018 at 6:14 PM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



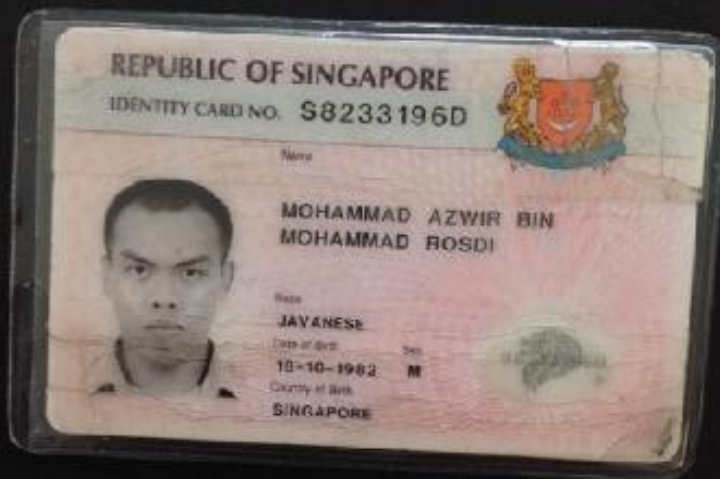
Accident Photo



Accident Photo



Driving License



Driving License



PICS BY INSURED



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M408017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18048933 Vehicle Registration No: SKE6667E
Name (as shown in NRIC) : MOHAMMAD AZWIR BIN MOHAMMAD ROSDI NRIC/FIN/Passport No : S8233196D
(* ~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91087201
Email Address : maxphreak@gmail.com
Date of Accident : 06/04/2018 Time of Accident : 16:00
Place of Accident : ALONG UPPER THOMSON ROAD TOWARDS SEMBAWANG
Insurance Company : EQ INSURANCE COMPANY LIMITED

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED VIDEO FOOTAGE

PICS BY INSURED

Policyholder / Driver's Signature
Date:

SUSAN

Reporting Centre Personnel's Signature
Name: F S NEO
NRIC/FIN No.:
Date: 13/04/2018