

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	19/06/2018 18:49
Date Of Accident	18/06/2018 11:30
Exact Location Of Accident	ALONG HAVELOCK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT2042C
Insured/Policyholder	
Name Of Registered Owner	MUMTAJ BIVI D/O MOHAMED ANWAR
NRIC No	S6909500C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91017062
Alternative Phone No	OFFICE-91017062

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MPC18A00103701
Cover Note Number	

Driver

Name of Driver	MUMTAJ BIVI D/O MOHAMED ANWAR
NRIC No	S6909500C
Date Of Birth	17/03/1969
Occupation	INDOOR
Date Of Driving Pass	17/10/2002
Driving Experience	15 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91017062
Fax Number	
Contact Number	OFFICE-91017062
Email Address	NOEMAIL

Address	BLK278 BISHAN ST24 #04-68
Postcode	570278
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	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)	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

PLEASE REFER TO STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3090D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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6. The 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 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: _____

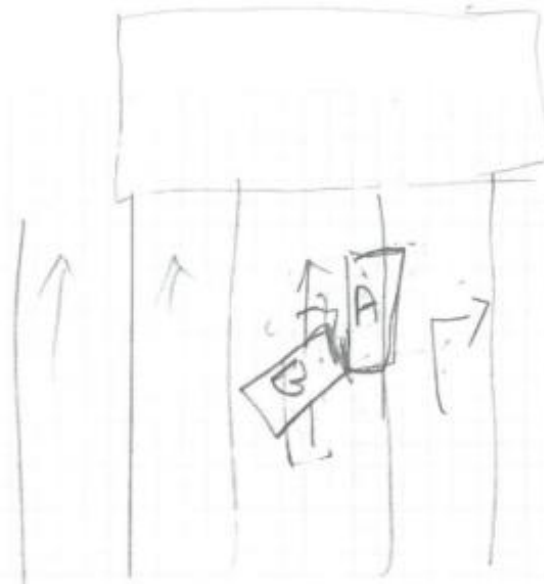
Driver's Signature
(If driver is not the policyholder)
Date & Time: _____



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

Accident Sketch Plan

SKETCH PLAN



A ⇒ SGT 2024C
B ⇒ SHD 3090D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Owner Statement

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:


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

Individual Statement

Scene: Macleod Road towards Raffles Place

Time: 11.30 a.m

~~Time~~

Date: 18.06.2018

My vehicle: SGT 2042 C

~~I~~ on the mentioned time and date, I was travelling
2nd lane from
straight on the extreme right lane. Suddenly I heard a loud
bang from my back, when I alighted, I realised it was

vehicle SHD 3090 D change lane without checking his blind spot
~~when changing lane~~ from left to right. causing the damage to
the rear left hand portion of my vehicle SGT 2042 C.

Owner Statement
-.

Common Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 18/06/2018 Time: 11.30 am Location of Accident: havelock Road

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SGT2024C.
Name of Policyholder: MUMTAS BIVI D/O MOHAMMED ANWAR.
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S6909500C.
Address:
Contact Number:
Occupation:
Tel: 9101 7062.

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model:
Type of Vehicle: ☒ Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others.
Exact Purpose for which vehicle was being used at the time of accident: Private use.
Are you claiming under your own insurance policy? ☒ Yes ☐ No

Vehicle category: ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company:
Type of Policy: ECICS.
Fleet Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Policy Number: MPC 18A00103701.

DRIVER

Name of Driver:
NRIC/ FIN/ Passport:
Date of Birth: 17/03/1969.
Occupation: an door.
Driving Pass Date: 17/10/2002.
Gender: ☒ Male ☐ Female
Contact Number:
Address:
Email Address:

Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured:
Vehicle Number of (Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):
GENERAL INFORMATION OF THE ACCIDENT
Type of Collision (E.g. Chain Collision, Head-On, etc):
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness): ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes
DETAILS OF POLICE ACTION
Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No:
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

mimiproperty3@gmail.com

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

Other Vehicle or Property 2

Vehicle Registration Number _____

Vehicle Make/ Model/ Colour _____

Details of Properties (If Other Party is not a Vehicle) _____

Damage Area _____

Name of Driver _____

NRIC/ FIN/ Passport _____

Contact Number / Email Address _____

Address _____

Name of Insurance Company _____

DETAILS OF WITNESS

Name _____

Phone / Email Address _____

Address _____

NRIC/ FIN/ Passport _____

DETAILS OF INJURED PERSON 1

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance? _____

☐

Yes

☐

No

DETAILS OF INJURED PERSON 2

Name _____

NRIC/ FIN/ Passport _____

Address _____

Approximate Age _____

Injuries Sustained _____

If Vehicle Occupants, state in which vehicle? _____

Were Seat Belts Worn? _____

☐

Yes

☐

No

Was Injured conveyed to hospital by Ambulance? _____

☐

Yes

☐

No

Declaration

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

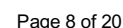
1

Signature of Policy Holder
(Company Chop if applicable)

Date & Time _____

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time _____



Driving License



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EXPIRY DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 3000kg 17-04-2027

N°4224



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



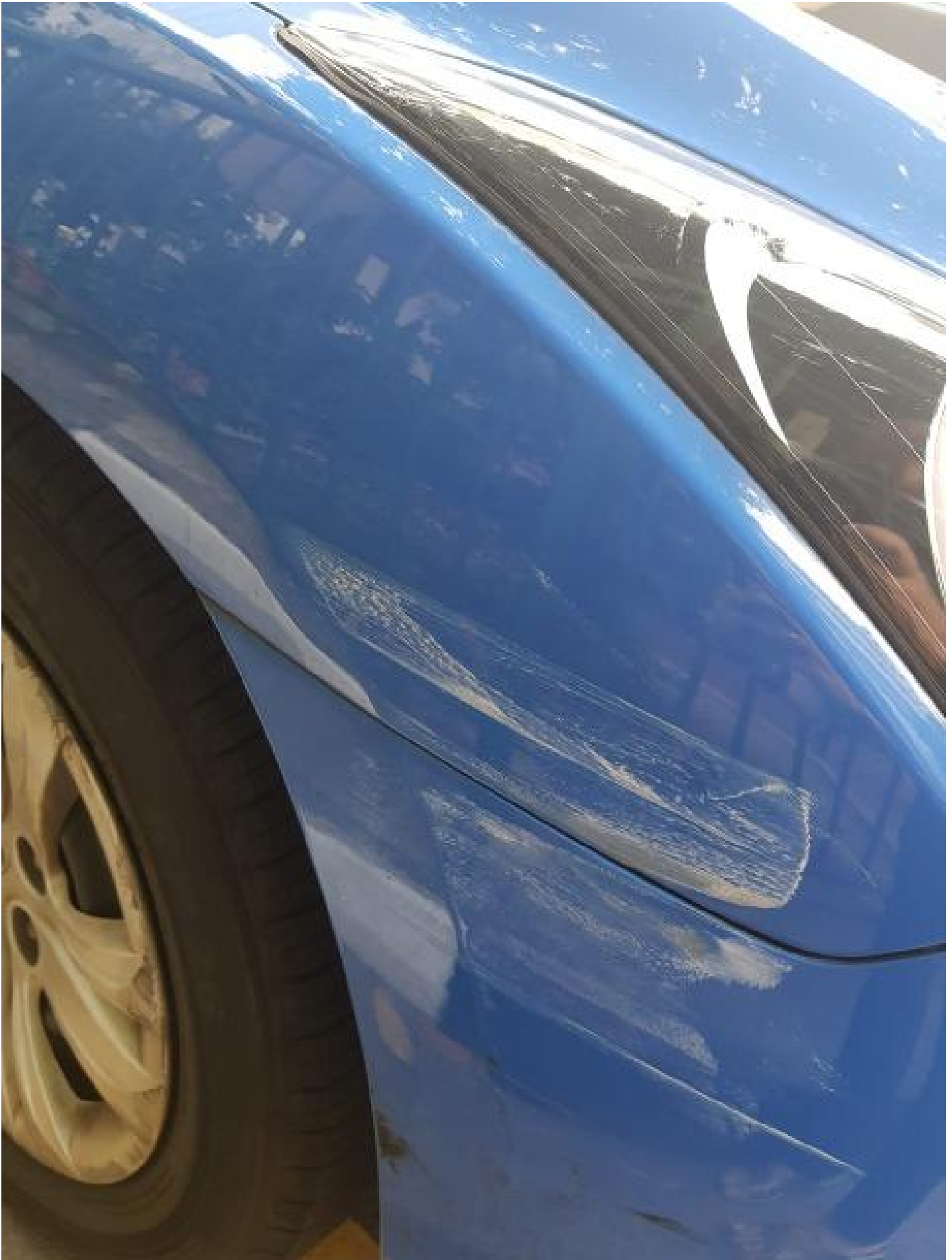
Accident Photo



Accident Photo



Accident Photo



Accident Photo



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.: M400017735

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 : MBHA18079221-01 Vehicle Registration No: SGT2042C

Name(as shown in NRIC) : MUMTAJ BIVI D/O MOHAMED ANWAR NRIC/FIN/Passport No : S6909500C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : NIL Singapore()

Contact (Tel) : NIL Mobile No. : +65-91017062

Email Address : NIL

Date of Accident : 18/06/2018 Time of Accident : 11:30

Place of Accident : ALONG HAVELOCK RD

Insurance Company: ECICS 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:

AMEND CAR PLATE NUMBER,

Policyholder / Driver's Signature
Date:

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