

## 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	21/08/2018 01:28
Date Of Accident	18/08/2018 17:10
Exact Location Of Accident	SLE/TPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN4827B
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#### Insured/Policyholder

Name Of Registered Owner	NOOR AINI BTE REDWAN
NRIC No	S1364857C
Email Address	HUSSAIN_ARASHID@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94894575
Alternative Phone No	OFFICE-94894575

#### Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO 1.4AT
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

#### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01011159
Cover Note Number	N.A.

#### Driver

Name of Driver	HUSSAIN BIN ABDUL RASHID
NRIC No	S0060524G
Date Of Birth	23/12/1953
Occupation	INDOOR
Date Of Driving Pass	26/05/1986
Driving Experience	32 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94894575
Fax Number	
Contact Number	OFFICE-94894575
EEmail Address	HUSSAIN_ARASHID@HOTMAIL.COM

Address	BLK 648 PASIR RIS DRIVE 10 #03-52
Postcode	510648
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
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)	2
Passenger 1	NAME: : MAHMUD ABDUL RASHID GENDER: : MALE

#### 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

I was driving along SLE/TPE was on the centre lane going straight. There was plant pruning in progress on the right lane. Front vehicle suddenly stopped and I managed to stop in time. Followed by an impact from behind and saw a vehicle had hit onto my vehicle rear portion.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING VIDEO FROM INSURED
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGK9542C
Vehicle Make/Model/Colour	HYUNDAI/TUCSON
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KOK PECK
NRIC/Passport Number	S0006187E
Contact Number	98364132
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: : PASSENGER 1

GENDER: :

Passenger 2

NAME: : PASSENGER 2

GENDER: :

# Sketch Plan

## SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- 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 be made available upon request by interested parties.
- By the judgement 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 elsewhere.
- 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 be 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) may have insured vehicle(s) involved in this accident and 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 in responding to any enquiries by me;  
(iv) administering my claims (including the making of correspondence, assessments, invoices, reports or advice 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 enveloped 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 be 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 also 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 used outside of Singapore, for one or more of the above Purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

AIZAM BIN ATAN

Policyholder's Signature / Date & Time      Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel

### Sketch Plan

A: SKN 4827B  
B: SGR 9542C

Sketch Plan

Diagram showing vehicle positions and directions:

## Common Statement

### ACCIDENT STATEMENT (2000 characters)

I was driving along SLE/TPE was on the centre lane going straight. There was plant pruning in progress on the right lane. Front vehicle suddenly stopped and I managed to stop in time. Followed by an impact from behind and saw a vehicle had hit onto my vehicle rear portion.

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 -  
AIZAM BIN ATAN

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 August 2018 at 4:30 PM

Date/Time:

20 August 2018 at 4:30 PM

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo






Identification Card

Safety margin


703970A

88263514

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0060524G



Name  
**HUSSAIN BIN ABDUL RASHID**




Race  
**MALAY**

Date of Birth  
**23-12-1953**

Country of Birth  
**SINGAPORE**

Sex  
**M**



Identification Card

203970 H  
88263514

1-5



RPIC No: S0060524G



Blood Group: O+ Date of issue: 23-12-1993

Address: APT BLK 64B PASIR RIS DRIVE 10 #03.52  
SINGAPORE 510648

No: S0060524G Date: 07-09-1999 No: 3035503

Driving License



## Driving License



**Addendum Sheet Pg. 1**



**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: S66S0020G / 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 : MBHH18108038 Vehicle Registration No: SKN4827B  
Name(as shown in NRIC) : HUSSAIN BIN ABDUL RASHID NRIC/FIN/Passport No : S0060524G  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 94894575  
Email Address : hussain\_arashid@hotmail.com  
Date of Accident : 18/08/2018 Time of Accident : 17:10 HRS  
Place of Accident : SLE/TPE  
Insurance Company: SOMPO INSURANCE SINGAPORE PTE LTD

**(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 PICS.

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
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\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: Lee Wan Qi  
NRIC/FIN No.: S9245801F  
Date: 21/08/2018