

## 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 liability.
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             | 24/10/2018 09:45                        |
| Date Of Accident           | 24/10/2018 07:45                        |
| Exact Location Of Accident | KPE TOWARDS PIE AFTER AIRPORT ROAD EXIT |
| Country/State of Loss      | SINGAPORE                               |

### DETAILS OF OWN VEHICLE

|                             |                            |
|-----------------------------|----------------------------|
| Vehicle Registration Number | SJS5114D                   |
| <b>Insured/Policyholder</b> |                            |
| Name Of Registered Owner    | NUR ZARIFAH BINTE MUSTAPHA |
| NRIC No                     | S8623336C                  |
| Email Address               | AKU_ZARIFAH@HOTMAIL.COM    |
| Mobile Phone No             | (LOCAL) +65-98204604       |
| Alternative Phone No        | OTHERS-86913292            |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | HONDA       |
| Model  | FIT-1.3 (A) |
| 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                                       | THIRD PARTY |
| Vehicle Category   | PRIVATE CAR |

### Insurance Company

|                           |  |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage          | COMPREHENSIVE                          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5081665200-02                          |
| Cover Note Number         | 20/08/2018 TO 19/08/2019               |

### Driver

|                      |                                 |
|----------------------|---------------------------------|
| Name of Driver       | MUHAMMAD HAZWAN BIN MOHAMED ZIN |
| NRIC No              | S8615022J                       |
| Date Of Birth        | 27/05/1986                      |
| Occupation           | INDOOR                          |
| Date Of Driving Pass | 20/09/2010                      |
| Driving Experience   | 8 YEARS AND 1 MONTH             |
| Gender               | MALE                            |
| Mobile Number        | (LOCAL) +65-86913292            |
| Fax Number           |                                 |
| Contact Number       |                                 |
| Email Address        | HAZWANMOHDZIN@GMAIL.COM         |

|   |                                     |
|---|-------------------------------------|
| Address   | BLOCK 676D PUNGGOL DRIVE<br>#17-740 |
| Postcode  | 824676                              |
| 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   | CHAIN COLLISION |
| Weather Conditions | CLEAR           |
| Road Surface       | DRY             |

#### Other Information

|   |  |
|---|--|
| Was any foreign vehicle involved in this accident?  | NO   |
| Number of vehicles involved in the accident   | 4  |
| Was any body injured in the Accident?   | YES  |
| 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: : NUR ZARIFAH BINTE MUSTAPHA<br>GENDER: : FEMALE |

#### 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 24/10/2018 at about 0748hrs, I was driving my vehicle (A: SJS5114D) on the extreme right lane along KPE towards PIE direction after airport road exit. The vehicle (C: SGX7472R) which was travelling in front of me slowed down and stop due to vehicles ahead stopped and I followed suit. Suddenly I felt a great impact from my vehicle's rear portion, I alighted and realised that is a chain collision total involve 4 vehicle. The vehicle (B: SKW1270D) had hit onto my vehicle's rear portion caused my vehicle pushed forward hit onto rear portion vehicle C, and the vehicle C hit onto rear portion of vehicle (D: SKF7021G). After the accident, my wife and me felt unwell. Vehicle A (SJS5114D) - 1 female adult passenger on board. Vehicle B (SKW1270D), vehicle C (SGX 7472R) and vehicle D (SKF7021G) - No passenger on board.

#### 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 | SKW1270D             |
| Vehicle Make/Model/Colour   | MAZDA 3, RED COLOUR  |
| Details Of Properties       | SALOON CAR           |
| Vehicle Category            | COMMERCIAL VEHICLE   |
| Name of Driver              | MOHD ZAFRE BIN KAYAT |
| NRIC/Passport Number        | S1583263J            |
| Contact Number              | 9722 3228            |
| Address                     |                      |

Rental 6747 9241  
Company

Postcode  
Insurance Company Name  
Nature Of Damage FRONT PORTION  
No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGX7472R  
Vehicle Make/Model/Colour HONDA VEZEL, SILVER COLOUR  
Details Of Properties SUV  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver SENG YONG PENG  
NRIC/Passport Number S7820082J  
Contact Number 9792 5307  
Address  
Postcode

Insurance Company Name  
Nature Of Damage FRONT AND REAR PORTION  
No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKF7021G  
Vehicle Make/Model/Colour NISSAN SYLPHY, BLUE COLOUR  
Details Of Properties SALOON CAR  
Vehicle Category PRIVATE CAR  
Name of Driver TAN KWANG HUAT  
NRIC/Passport Number S8120856E  
Contact Number 9185 6856  
Address  
Postcode

Insurance Company Name  
Nature Of Damage REAR PORTION  
No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD HAZWAN BIN MOHAMED ZIN  
Approximate Age 32  
Injuries Sustain NECK  
Injured person in which vehicle? SJS5114D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address BLOCK 676D PUNGGOL DRIVE  
#17-740  
Postcode 824676

#### DETAILS OF INJURED PERSON 2

Name NUR ZARIFAH BINTE MUSTAPHA  
Approximate Age 32  
Injuries Sustain NECK  
Injured person in which vehicle? SJS5114D  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address BLOCK 676D PUNGGOL DRIVE  
#17-740

Postcode

824676