**Your NCD will be affected due to late reporting**
**Actual e-Filling Submission Date & Time: 27/12/2018 17:17**

# 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 witholding 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 | 27/12/2018 16:51 |
| Date Of Accident | 09/12/2018 21:45 |
| Exact Location Of Accident | JOHOR MALAYSIA |
| Country/State of Loss | SINGAPORE |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SJB2265K |
| **Insured/Policyholder** | |
| Name Of Registered Owner | XIAO TING CHAO, ISAAC |
| NRIC No | S8613692I |
| Email Address | SYAQILALYSYA@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90432183 |
| Alternative Phone No | OTHERS-90432183 |
| **Vehicle Particulars** | |
| Manufacturer | HONDA |
| Model | STREAM-1.8 (A) |
| Exact Purpose for which vehicle was being used at time of accident | |
| 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 | FWD SINGAPORE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | PNPV2017-00008845-01 |
| Cover Note Number | |
| **Driver** | |
| Name of Driver | MUHAMMAD SYAQIL BIN MUHAMMAD SALIM |
| NRIC No | S8909261B |
| Date Of Birth | 16/03/1989 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/07/2018 |
| Driving Experience | 0 YEAR AND 4 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90432183 |
| Fax Number | |
| Contact Number | |
| EMail Address | SYAQILALYSYA@GMAIL.COM |

| | |
|---|---|
| Address | BLK 462 SEMBAWANG DRIVE #17-215 |
| Postcode | 750462 |
| 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 | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

## 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 (including own vehicle) involved in the accident | 2 |
| 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) | 7 |
| Passenger 1 | NAME: : NURDIANA<br>GENDER: : FEMALE |
| Passenger 2 | NAME: : AAYDEN<br>GENDER: : MALE |
| Passenger 3 | NAME: : AAYDRIAN<br>GENDER: : MALE |
| Passenger 4 | NAME: : ALYSYA<br>GENDER: : FEMALE |
| Passenger 5 | NAME: : SHAYDEN<br>GENDER: : MALE |
| Passenger 6 | NAME: : SHAYDRIAN<br>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

REFER TO SKETCH PLAN

## 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 | SKU5157H |
| Vehicle Make/Model/Colour | |
| 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) | |

## SKETCH PLAN

### 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. 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.

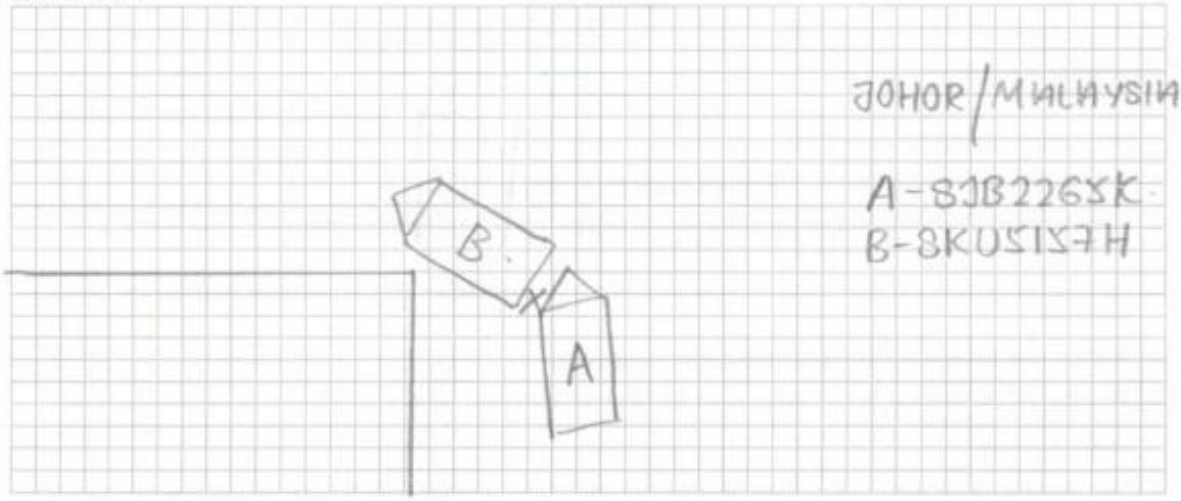
AUTOMOTIVE REPAIR CENTRE PTE LTD
UEN NO: 201312913C

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: 27/10/2018<br>16:27 pm | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

GIARMC SketchPlanForm_V3

**Sketch Plan #2**

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TURNING LEFT TO MAJOR ROAD AND HIS CAR IS INFRONT OF ME.
AFTER CHECKING THE BLIND SPOT ON THE ONCOMING CARS, AND SAW
HIS CAR MOVING FORWARD, I THOUGHT HE SHOULD HAVE DRIVE OFF AS
I SAW A CAR SLOWING DOWN TO LET US EXIT OUT.
(THE ONCOMING CAR WAS LIKE 20M-25M AWAY AND THAT
CAR DRIVER SLOW DOWN LIKE 20-30KM/HR) BUT THIS
CAR DRIVER DON'T KNOW WHAT HE DO INSIDE HIS CAR
THAT DISTRACT HIM. HE ACTUALLY STEP ON THE BRAKE SUDDENLY,
AND I CAN'T STOP ON TIME AND HIT HIS CAR.

DECLARATION

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

AUTOMOTIVE REPAIR CENTRE PTE LTD
UEN NO: 201312913C

| Policyholder's Signature<br>Date & Time: | Driver's Signature<br>(If driver is not the policyholder)<br>Date & Time: 27/12/2018<br>16:31 PM | Reporting Centre Personnel's Signature<br>Name:<br>NRIC/FIN No.: |
|---|---|---|

GIAMIC SketchPlanForm_V3

**Accident Photo**

**Accident Photo**

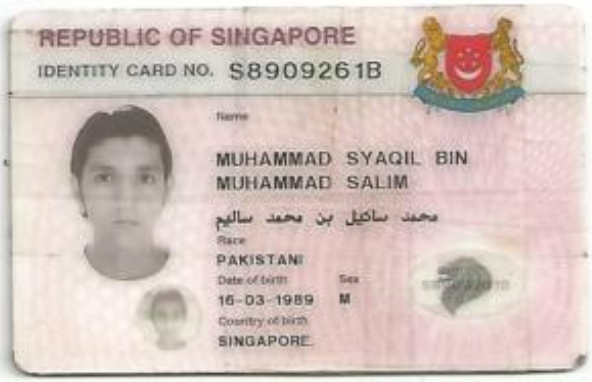
**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Driving License**


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8909261B
Name
MUHAMMAD SYAQIL BIN
MUHAMMAD SALIM
محمد ساكيل بن محمد ساليم
Race
PAKISTANI
Date of birth
16-03-1989
Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE
DRIVING LICENCE
S8909261B
MUHAMMAD SYAQIL BIN
MUHAMMAD SALIM
Birth Date: 16 Mar 1989
Issue Date: 19 Jul 2018
002825903B

**Identification Card**

3620424

NRIC No. S8909261B

Date of Issue
26-04-2004

APT BLK 462 SEMBAWANG DRIVE #17-215
SINGAPORE 750462

NRIC No: S8909261B Date: 11/09/2015

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| | | EFFECTIVE DATE |
|---|---|---|
| Class 3 | Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 19 Jul 2018 |

Licence No:S8909261B

NP 428A