

## 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	28/02/2019 10:36
Date Of Accident	24/02/2019 17:25
Exact Location Of Accident	BLK 418 CHOA CHU KANG AVENUE 4 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX2932C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD AZHAR BIN KHAMIS
NRIC No	S7510024H
Email Address	KHAMIS.BJAIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97567196
Alternative Phone No	OTHERS-97567196

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CRUZE
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	REPORTING ONLY
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	5059382530-05
Cover Note Number	

### Driver

Name of Driver	KHAMIS BIN JAIS
NRIC No	S0019527H
Date Of Birth	30/12/1948
Occupation	INDOOR
Date Of Driving Pass	25/06/1977
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97567196
Fax Number	
Contact Number	OTHERS-97567196
EEmail Address	KHAMIS.BJAIS@GMAIL.COM

Address	BLK 422 CHOA CHU KANG AVENUE 4 #04-232
Postcode	680422
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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 (including own vehicle) involved in the accident	2
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 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	SLN9141B
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KHAIRUL HISHAM
NRIC/Passport Number	S80299071
Contact Number	98811061
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

Passenger 1

NAME: :

GENDER: :

Passenger 2

NAME: :

GENDER: :

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

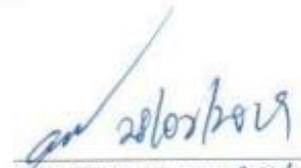
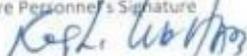
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

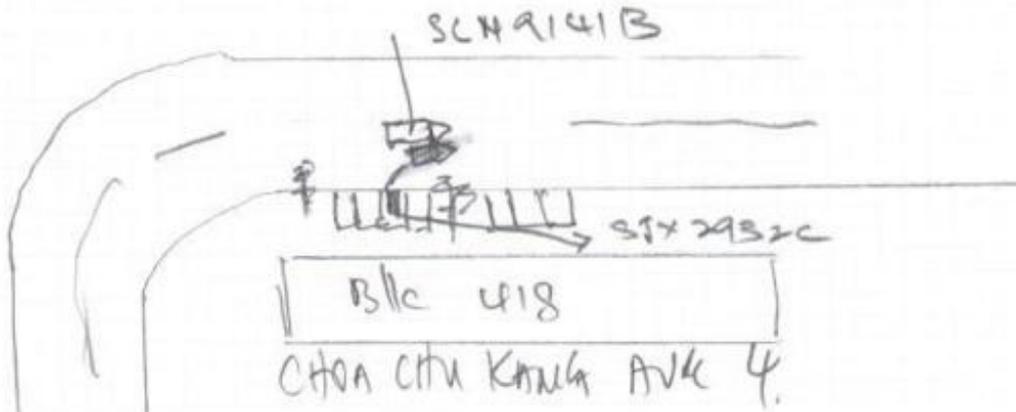
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 27/2/19

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/19 @ 11:25 hrs at carpark of Blk 418 Choa Chu Kang Ave 4. After look left, right and left I drive up my car reg SIX 2932C from lot No 222 to right side of the carpark. Suddenly a car from my left knocked into my front left bumper.

No one is injured. my car was slightly damaged at front left bumper and the other car SCN 9141B slightly damaged at front right bumper as show as photograph.

Both of us wanted to settle and we signed the mutual settlement form. I was informed that he wanted to settle about \$1900 (damaged plus his salary).

That is all

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.:

MUTUAL AGREEMENT

**Mutual Settlement Form**

When involved in a motor accident, you can choose to enter into a private settlement with the OWNER of the other car if there are:-

- no personal injuries or death of motorist and/or pedestrians
- damages are minor
- no involvement in chain collisions

Under this private settlement, both parties agree to settle the matter amicably without suing each other.

It is a legally binding agreement.

1. Details of the Accident: Date (dd/mm/yyyy): 24/02/2019 Time: 1725hrs.  
Location: Carpark B1K 418 Choa Chu Kong Ave 4
- 2a. Vehicle registration no. SLH 9141B driven by KHARUL HISYAM 88029907I  
(Name & Nric no) and owned by KHARUL HISYAM 88029907I (Name & Nric no).
- 2b. Vehicle registration no. SSX 2532C driven by KHAMIS BIN JALIS 80019572H  
(Name & Nric no) and owned by Mohd Azhar 87510024H (Solo) (Name & Nric no).
3. The parties have agreed to settle this matter amicably as follows: \*delete a or b as applicable.

\*a. Neither party shall be liable to compensate the other party for any loss or damages incurred or to be incurred as a result of the accident.

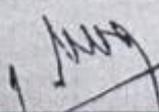
\*b. Without any admission of liability, KHAMIS (party paying compensation) has paid a sum of \$ \_\_\_\_\_ which KHARUL (owner receiving compensation) hereby acknowledge receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

*will pay upon getting quotation*

*to be received.*

4. There are no personal injuries to the undersigned parties.

6.

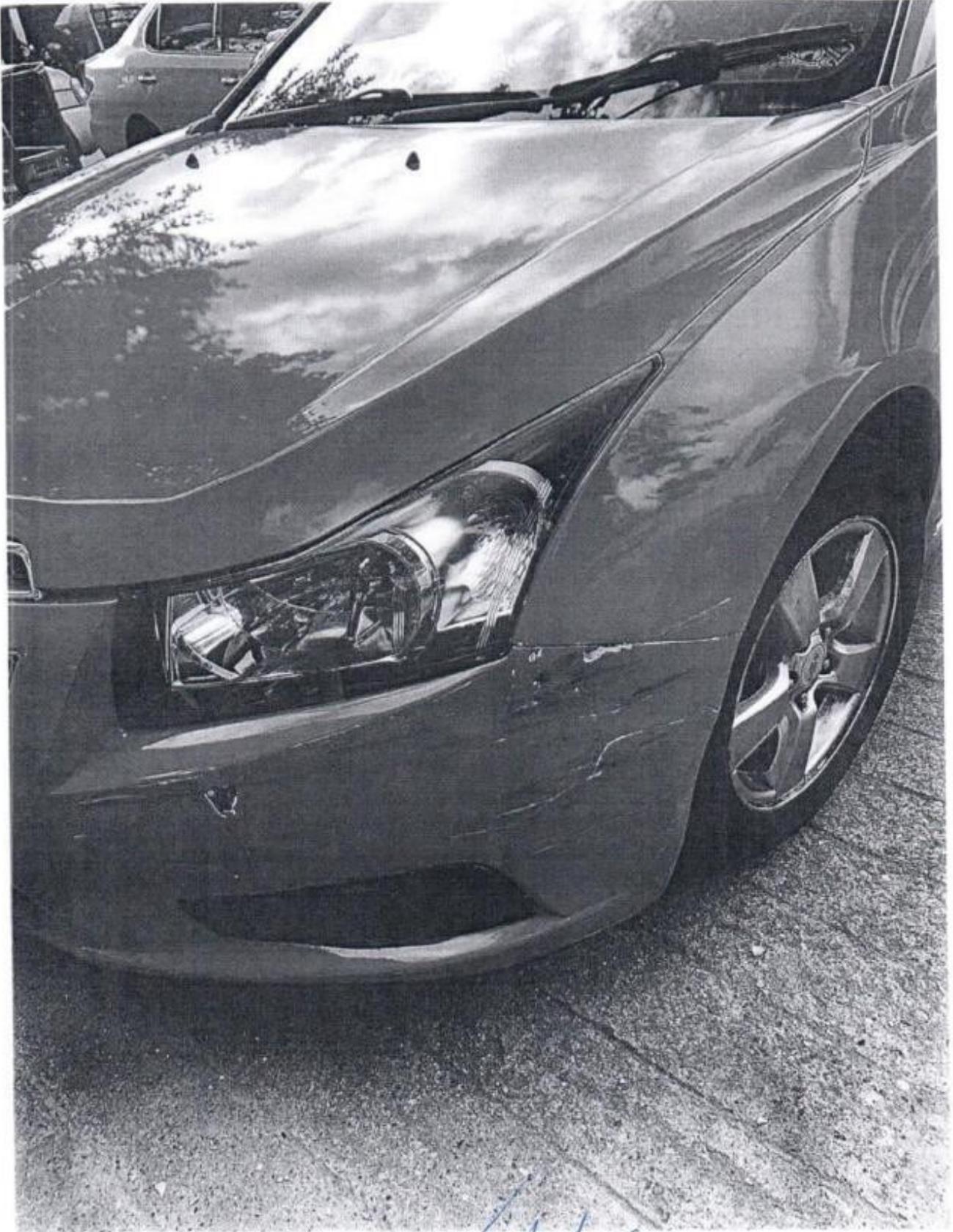
	Vehicle A no.: <u>SLH 9141B</u>	Vehicle B no.: <u>SSX 2532C</u>
Name	<u>KHARUL HISYAM</u>	<u>KHAMIS BIN JALIS</u>
NRIC no.	<u>88029907I</u>	<u>80019572H</u>
Address	<del>KHARUL</del> <u>316 BUKIT BATUIC ST 32 #12-137 S(680316)</u>	<u>422 Choa Chu Kong Ave 4 #04-232 S(680422)</u>
Tel no.	<u>98811061</u>	<u>97567196.</u>
Signature & Date	 <u>24/9</u>	

*on 28/02/2019*

PHOTO

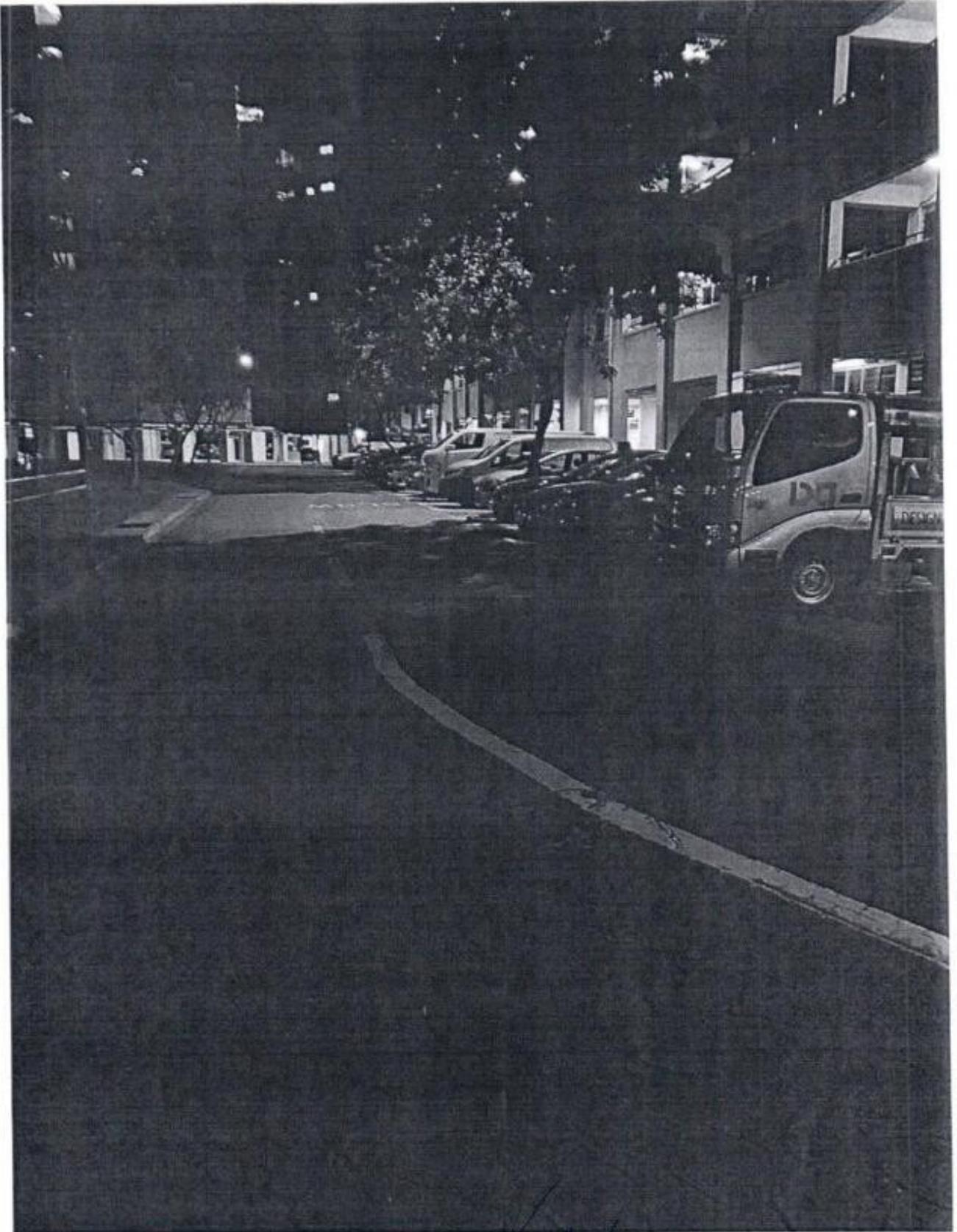


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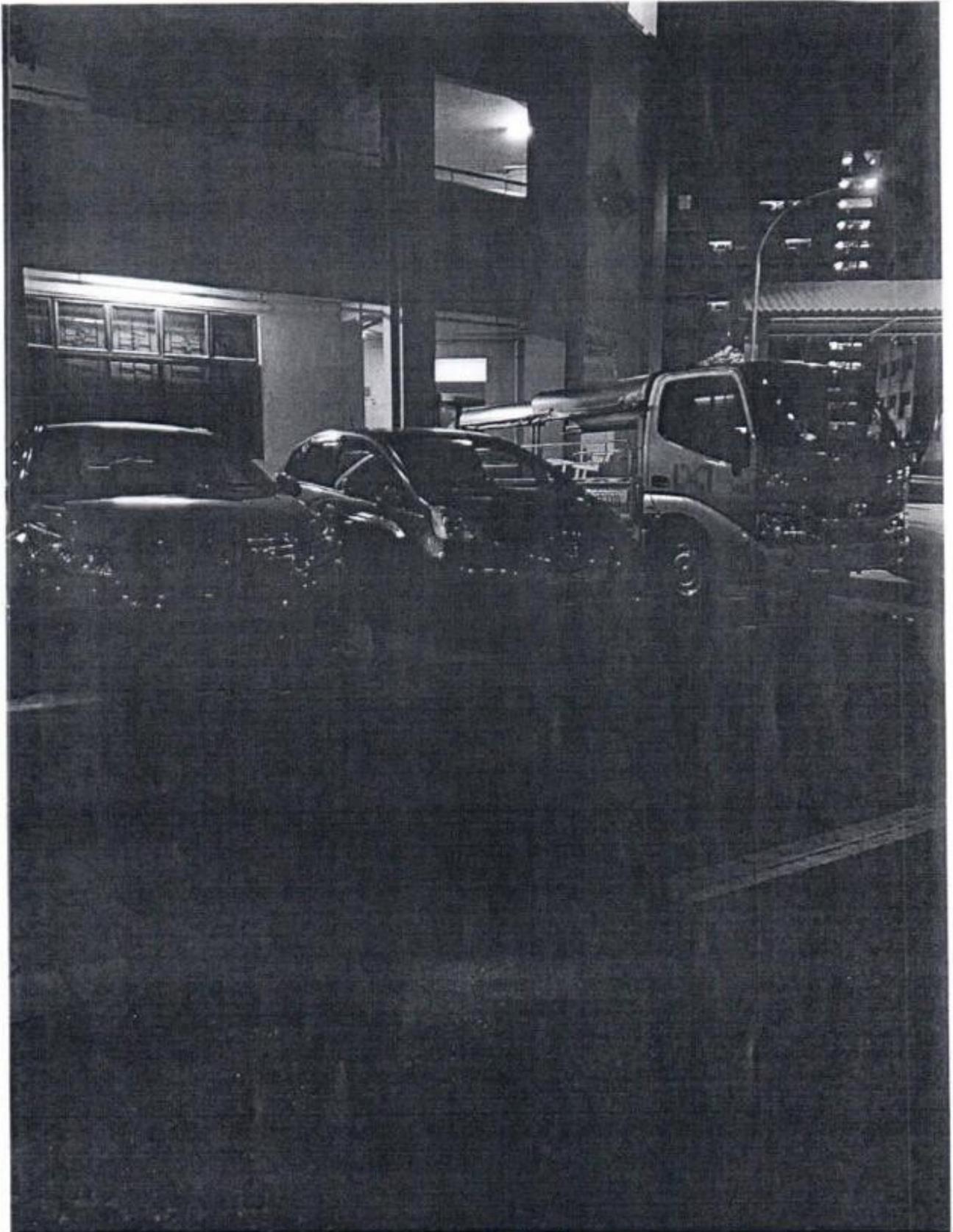
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*AW 2/28/2019*

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ca/28/02/2019

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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: S665500200 / GST Reg. No: M400017733

**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 : RMA469077670 Vehicle Registration No: SJX2932C  
 Name (as shown in NRIC) : KHAMIS BIN JALIL NRIC/FIN/Passport No : \_\_\_\_\_  
 (\*Vehicle Driver/ Vehicle Owner) (\* Please delete as appropriate)  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No.: 97567196  
 Email Address : \_\_\_\_\_  
 Date of Accident : 24/03/2019 Time of Accident : 17:25  
 Place of Accident : BLK 48 CHOA CHU KANG AVE. 4 CARPARK  
 Insurance Company: MUC

**(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:

- ① DRIVER NAME TO KHAMIS BIN JALIL
- ② RIP VEHICLE NUMBER TO SJX9141B

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

Reporting Centre Personnel's Signature  
 Name: Police Officer  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 13/03/2019