

## 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	01/04/2019 16:26
Date Of Accident	30/03/2019 12:05
Exact Location Of Accident	CLEMENTI ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF1590S
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#### Insured/Policyholder

Name Of Registered Owner	JASIN BIN NASIMAN
NRIC No	S0216749B
Email Address	JASIN.NGASIMAN@KGMELAKA.MOSQUE.ORG.SG
Mobile Phone No	(LOCAL) +65-96645065
Alternative Phone No	OTHERS-NOPHONE

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.6 (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
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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#### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MT100544
Cover Note Number	

#### Driver

Name of Driver	JASIN BIN NASIMAN
NRIC No	S0216749B
Date Of Birth	14/05/1948
Occupation	INDOOR
Date Of Driving Pass	27/06/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96645065
Fax Number	
Contact Number	OTHERS-NOPHONE

Address	BLK 650 SENJA LINK #04-08
Postcode	670650
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	CHAIN COLLISION
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	3
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)	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

REFER TO SKETCH PLAN. NOTE: VEHICLE REPAIR AT OWNER PREFERRED WORKSHOP.

#### 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	SGG5015D
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NIZAM

NRIC/Passport Number

Contact Number 91833814

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name JASIN BIN NASIMAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SGF1590S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

### SKETCH PLAN

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#### 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: 1-4-2019

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 1-4-2019

Reporting Centre Personnel's Signature

Name:

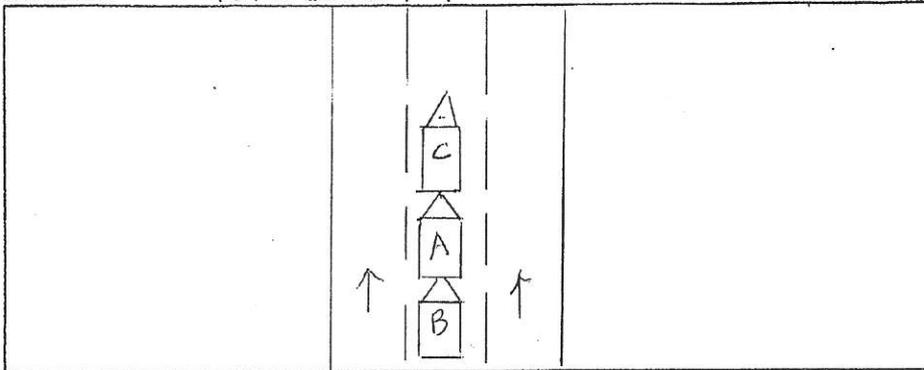
NRIC/FIN No.:



Sketch Plan Pg. 2

CEMENTI ROAD

Date of accident: 30-03-2019 Time: 12.03pm Location: TOWARDS AYE  
 Veh A: SGF15908 Veh B: SGG5015D No of pax: 1 Weather: Clear/dry Rain/Wet  
 SKETCH PLAN Veh C: SLE270T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- TRAFFIC WAS HEAVY
  - AT THE RED TRAFFIC LIGHT JUNCTION, THERE WERE MANY CARS STOPPED INFRONT OF MY VEHICLE
  - MY CAR SGF15908(A) WAS ALSO STOPPED. SUDDENLY SGG5015D(B) BANGED INTO THE REAR OF MY VEHICLE SGF15908(A)
  - AS A RESULT MY VEHICLE SGF15908(A) WAS PUSHED FORWARD AT VEHICLE SLE270T(C)
- VEHICLE B = NA  
 VEHICLE C = MR NIZAM = 918 33814 (HP)
- ACCIDENT SITE PHOTO = YES

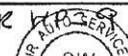
Remarks: Please forward a copy of my efile accident report to:

My workshop :  
 Email address : thiambhenghust@gmail.com  
 & myself :  
 Email address : jasin.ngasiman@kgmelaka.mosque.org.sg  
 H/phone :

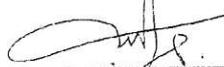
Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

OWNER/DRIVER  6645065

  
 Policyholder's Signature  
 Date & Time: 1-4-2019

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 1-4-2019

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