

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	04/04/2019 12:53
Date Of Accident	03/04/2019 10:00
Exact Location Of Accident	PASIR PANJANG ROAD & JALAN PELEPAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT8199G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD JAMIL BIN HAMDAN
NRIC No	S7622039E
Email Address	CT.JEMZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96819375
Alternative Phone No	OTHERS-96819375
Vehicle Particulars	
Manufacturer	PROTON
Model	EXORA
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MU001193-R02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD JAMIL BIN HAMDAN
NRIC No	S7622039E
Date Of Birth	23/07/1976
Occupation	INDOOR
Date Of Driving Pass	18/03/2002
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96819375
Fax Number	
Contact Number	OTHERS-96819375
Email Address	CT.JEMZ@GMAIL.COM

Address	BLK 809 TAMPINES AVE 4 #04-165 SINGAPORE
Postcode	520809
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	WET

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 ATTACHED

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	SLT2187J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WINN PAUL TIN MOUNG MOUNG @ PAUL MOUNG
NRIC/Passport Number	S2649567I
Contact Number	98166808
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA4923B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KANG KIAN SIN (JIANG JIANXIN)

NRIC/Passport Number

S7143048J

Contact Number

91835796

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD JAMIL BIN HAMDAN

Approximate Age

Injuries Sustain

NECK & BACK PAIN

Injured person in which vehicle?

SFT8199G

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: 3/1/16 1:30pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3/1/16 1:30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

5

() CENTRE MEDIAN

← [A] ← [1] ← [2]

←

PASIR PANJANG ROAD

RECEIVED
JUL

A - SFT 8149G
1 - SLT 2187J
2 - SMA 4423B

At about 1002hrs on 3/04/19, while I was driving SFT 51996 along
Rushbury Road by 7th Polegate on lane 1, vehicle number SLT 2187J
hit my car rear multiple impact & it takes a while for me to get out
from my car because of the hard impact and shocked.
Once out from my car, I noticed it was a chain collision involving
3 vehicles (As shown in the sketch plan).
Eventually, police and ambulance come due the phone call made by the
owner of SLT 2187J.

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

Date & Time: 3/19/2008

Date & Time: 3/4/17 1:58pm

Name: _____
NRIC/FIN No.: _____