

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	08/04/2019 14:59
Date Of Accident	05/04/2019 20:05
Exact Location Of Accident	ALONG TAMPINES ST 84
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ6851M
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	ACHMED MOHAMED ISMAEL ANGULLIA
NRIC No	S0082367H
Email Address	SYAHIRANGULLIA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97212655
Alternative Phone No	OFFICE-97212655

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 KOMPRESSOR (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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00565407
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAHIR ACHMED ANGULLIA
NRIC No	S8910021F
Date Of Birth	25/03/1989
Occupation	INDOOR
Date Of Driving Pass	02/11/2007
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97212655
Fax Number	
Contact Number	OFFICE-97212655
Email Address	SYAHIRANGULLIA@GMAIL.COM

Address	24 JALAN KHAIRUDDIN
Postcode	457505
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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)	5
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : WIFE GENDER: : FEMALE
Passenger 4	NAME: : HELPER 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

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG.
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD5964U
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

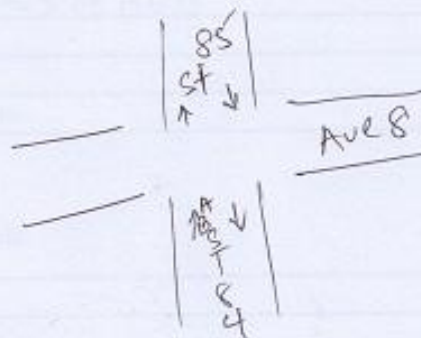
Accident Toolkit

Sketch plan

Sketch of accident scene:

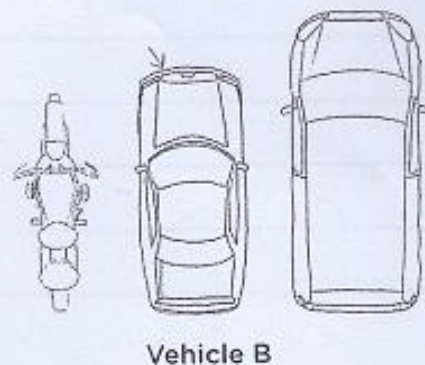
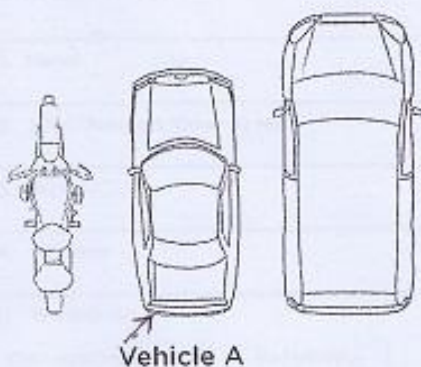
Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



A: SKJ 6857M
B: SHD 5964U

Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Call us direct

Customer Care
6665 5555

Please Contact 24/7 Hotline

Driving License

3496478



NRIC No. **S8910021F**

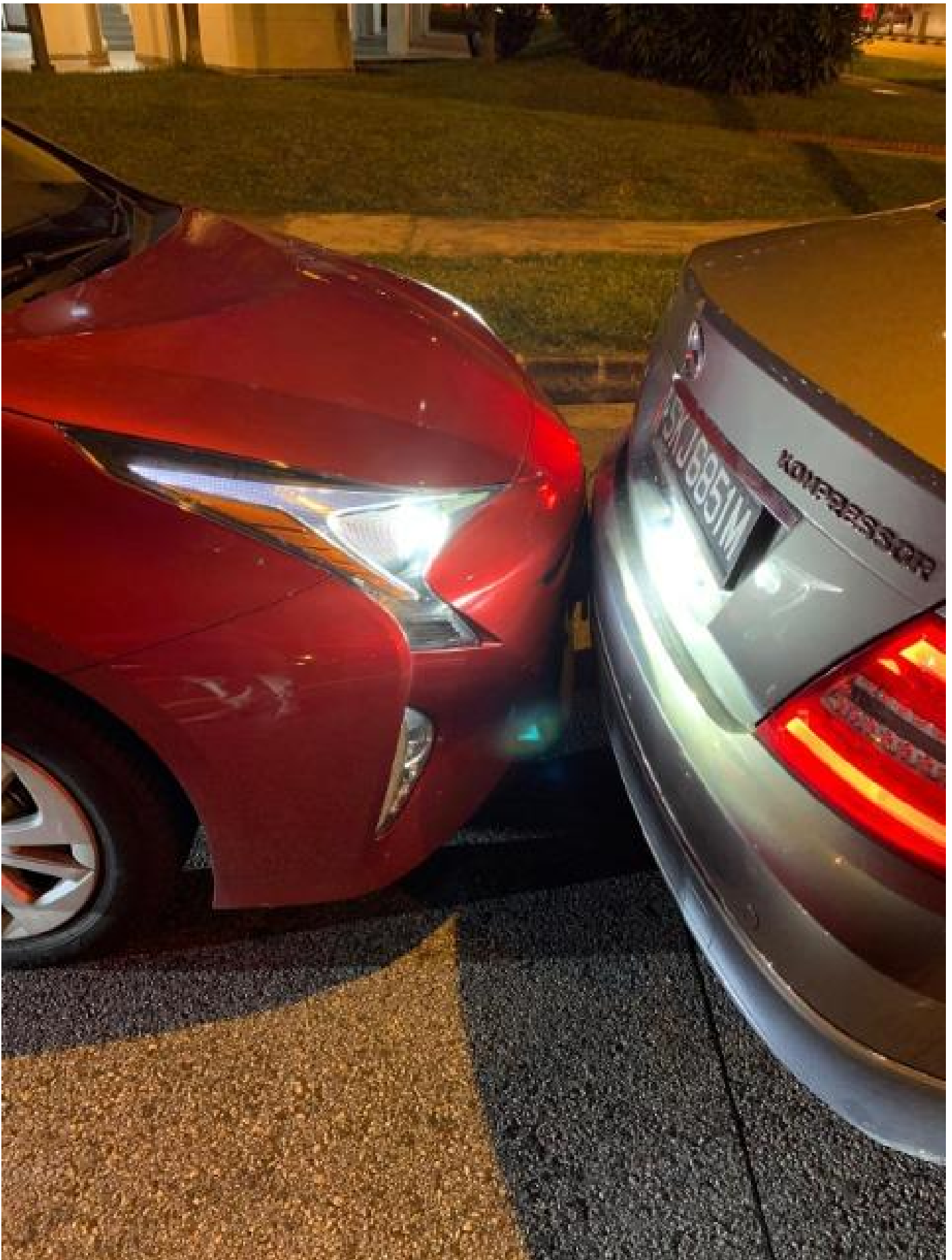
Date of issue
25-03-2004

Address

**24 JALAN KHAIRUDDIN
SINGAPORE 457505**



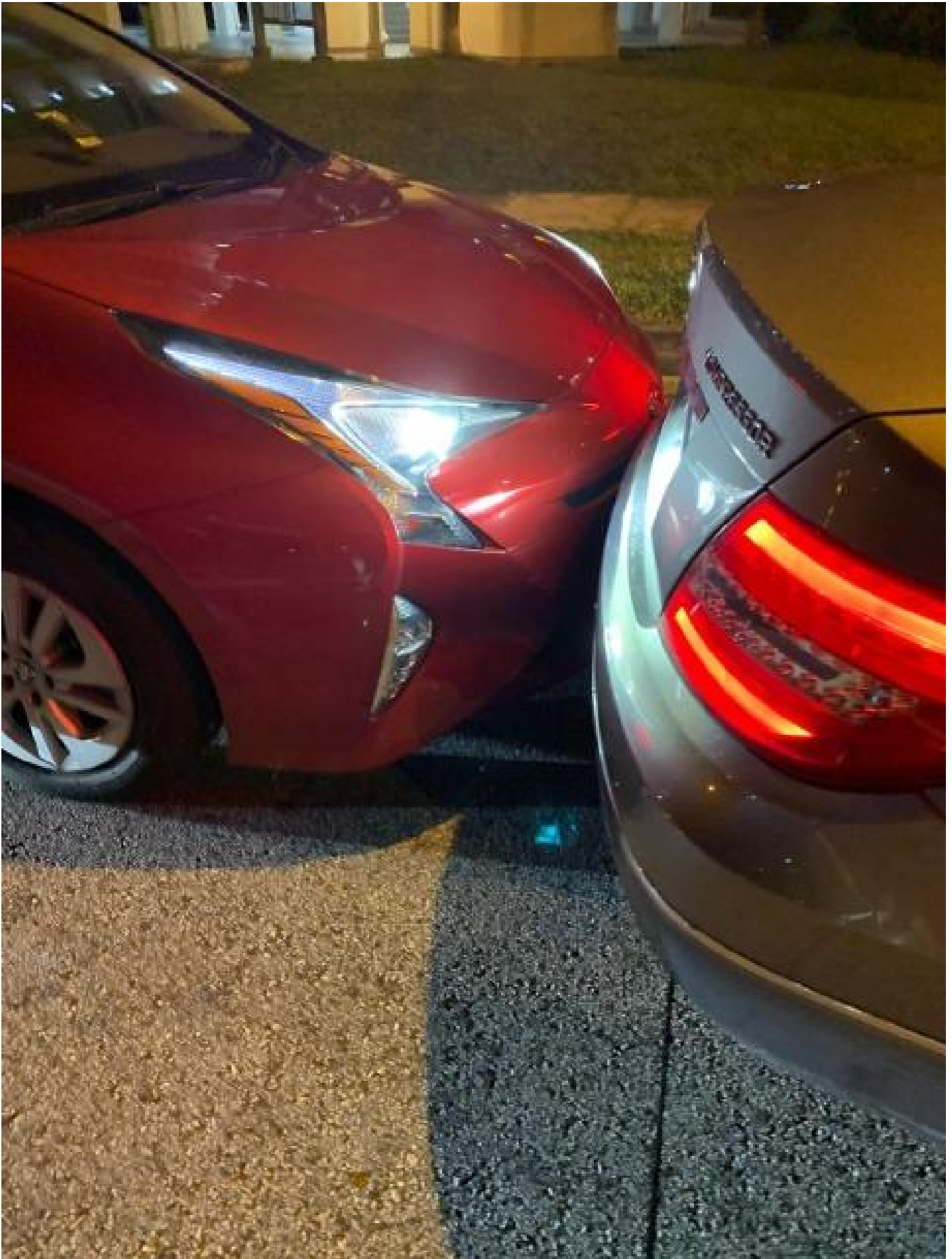
Accident Photo





Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8910021F



Name
**MUHAMMAD SYAHIR ACHMED
ANGULLIA**



محمد شهير بن احمد اغكوليا

Race
INDIAN

Date of birth
25-03-1989

Sex
M

Country of birth
SINGAPORE



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0082367H



Name

ACHMED MOHAMED ISMAEL
ANGULLIA

احمد محمد اسميل اغكوليا

Race

INDIAN

Date of birth

18-04-1952

Sex

M

Country/Place of birth

SINGAPORE



Identification Card

5735428



NRIC No. **S0082367H**



Date of issue
10-04-2017

Address
**24 JALAN KHAIRUDDIN
SINGAPORE 457505**

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8910021F**
Name: **MUHAMMAD SYAHIR ACHMED
ANGULLIA**

Birth Date: **25 Mar 1989**
Issue Date: **16 Feb 2017**

002657498E



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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	31 Jan 2008
Class 2A	Motorcycles between 201 cc and 400 cc	07 Jul 2011
Class 2	Motorcycles > 400 cc	28 Nov 2012
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	02 Nov 2007

NP 428A



SKJ6851M Mileage



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: S665500206 / GST Reg. No.: M400017735

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 : MVA619045501 Vehicle Registration No : SLK26851M
Name (as shown in NRIC) : Achmed MoHamed Ismael Angullia NRIC/FIN/Passport No : S0032367H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 24 Jalan Khairuddin Singapore (457505)
Contact (Tel) : _____ Mobile No. : 97212655
Email Address : SyaHirangullia@gmail.com
Date of Accident : 05/04/2019 Time of Accident : 2005Hrs.
Place of Accident : Along Tampines ST 94
Insurance Company : Direct Asia Insurance (Singapore) PTE LTD.

(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:

To add statement of accident. "As the traffic was in red, my car was stationary
waiting in for the light to turn to green. However, a taxi came from behind
and hit my rear bumper while the traffic is still red."

Policyholder / Driver's Signature

Date: 10/4/2019

Reporting Centre / Personnel's Signature

Name: Ang Jie Pei

NRIC/FIN No.: S45026407

Date: 10/4/2019

