

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	01/07/2019 13:46
Date Of Accident	29/06/2019 18:55
Exact Location Of Accident	BEDOK NORTH RD BESIDE BLK 705-708 CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB4797P
Insured/Policyholder	
Name Of Registered Owner	ABU HUSSAIN BIN BIDIN
NRIC No	S0058220D
Email Address	HUSSAINBIDIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96587264
Alternative Phone No	OFFICE-96587264

Vehicle Particulars

Manufacturer	HONDA
Model	CITY
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2018-V0099481-VDP-R002
Cover Note Number	

Driver

Name of Driver	ABU HUSSAIN BIN BIDIN
NRIC No	S0058220D
Date Of Birth	12/01/1954
Occupation	INDOOR
Date Of Driving Pass	13/11/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96587264
Fax Number	
Contact Number	OFFICE-96587264
EMail Address	HUSSAINBIDIN@GMAIL.COM

Address	BLK 710 TAMPINES ST 71 #02-140
Postcode	520710
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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
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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 SEE 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	SLG9643G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ABU HUSSAIN BIN BIDIN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGB4797P

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 710 TAMPINES ST 71 #02-140

Postcode

Accident Sketch Plan

SKETCH PLAN

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4. The issue and acceptance of this form by insurance companies is not an admission of liability on the part of any insurance companies.
5. Any false statements may be referred to the Police for investigation.
6. The report will be forwarded by the Insurer of the QIA to the Inter-Insurance Centre established by the Inter-Insurance Group Association of Singapore (IGIA) for processing and that copies of this report will be supplied to the relevant authorities by interested parties.
7. By the Indorsement of this report to the Insurers, you hereby consent to the handling of this report at the discretion of Insurers of the report being made available to Insurers.
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) assessing, handling and/or dealing with my claim including the settlement of the claim and/or litigation, investigations relating to the claim;

(ii) investigating the accident under my claim;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the making of any expenditure, statements, invoices, receipts, repairs or cost 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 users of these personal packages); and/or

(v) complying with any relevant administrative, processing, handling and/or dealing with my claims (collectively the "Purpose(s)").

- (b) I consent that where vehicle(s) involved in the 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 Purpose(s); and

(c) I consent that where vehicle(s) involved in the accident and/or Insurers may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and

(d) I consent that where vehicle(s) involved in the accident and/or Insurers may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and

(e) I consent that where vehicle(s) involved in the accident and/or Insurers may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and

(f) I consent that where vehicle(s) involved in the accident and/or Insurers may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); and

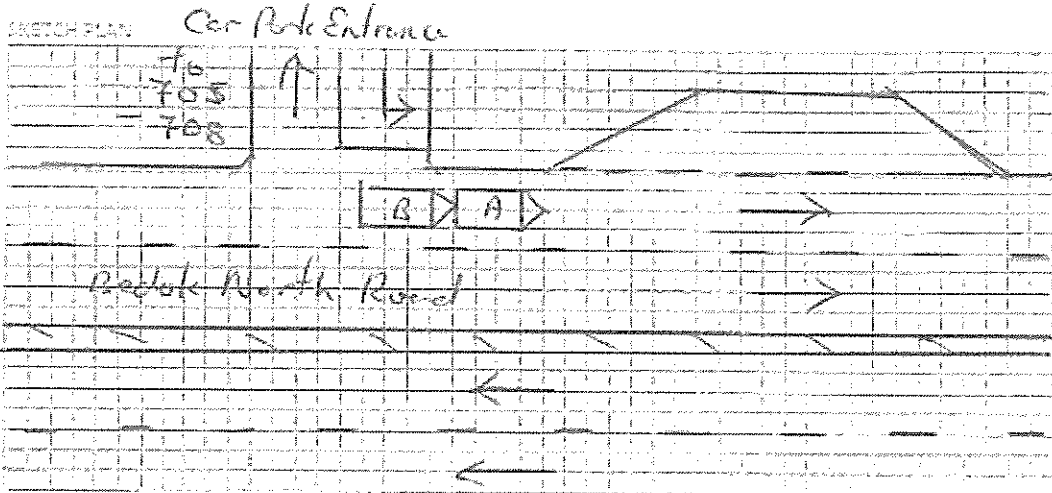
(g) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(If Driver is not the policyholder)
Date & Time:

Reporting Centre Person's Signature
Name:
NRIC/IN No.:

Individual Statement



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/06/2019 at about 1855 hrs at along Bedok North Road beside Car Park Entrance of blk 705-708.

I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit and came to a complete stop. Suddenly I felt a great impact from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle.

(A) SGB 4797 P


(B) SLG 9643 G.


<input type="checkbox"/> Reporting Only	Mg Salaban
<input type="checkbox"/> Own Damage Claim	
<input checked="" type="checkbox"/> Third Party Claim	


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I hereby declare that the information provided is true and correct.


 Injured Party Signature
 Date 07/07/19


 Driver's Signature
 (To be signed by the driver of the other vehicle)
 Date 07/07/19


 Reporting Party Signature
 Name: [illegible]
 Date 07/07/19

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