

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 | 02/11/2019 17:34 |
| Date Of Accident | 02/11/2019 14:45 |
| Exact Location Of Accident | JURONG GATEWAY RD TOWARD PIE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SBU6921T |
|-----------------------------|----------|

Insured/Policyholder

| | |
|--------------------------|---------------------------|
| Name Of Registered Owner | NORHAFIZAN BTE ATTAN |
| NRIC No | S1702245H |
| Email Address | MOHD_AZHAR_65@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-97317370 |
| Alternative Phone No | OFFICE-97317370 |

Vehicle Particulars

| | |
|--|-------------------------------------|
| Manufacturer | BMW |
| Model | 520I 2.0L AT D/AB 2WD 4DR GAS/D NAV |
| 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/00545934 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | MOHAMMAD AZHAR BIN MA'MON |
| NRIC No | S1711518I |
| Date Of Birth | 02/01/1965 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/03/1996 |
| Driving Experience | 23 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96561125 |
| Fax Number | |
| Contact Number | |
| EEmail Address | MOHD_AZHAR_65@HOTMAIL.COM |

| | |
|---|------------------------------|
| Address | 21 HAZEL PARK TERRACE #07-05 |
| Postcode | 678946 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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) | 2 |
| Passenger 1 | NAME: : WIFE 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? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|---------------|
| Vehicle Registration Number | GBJ6749H |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | GOODS VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

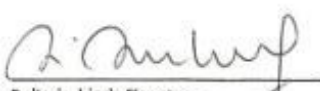
SKETCH PLAN


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. The 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 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.

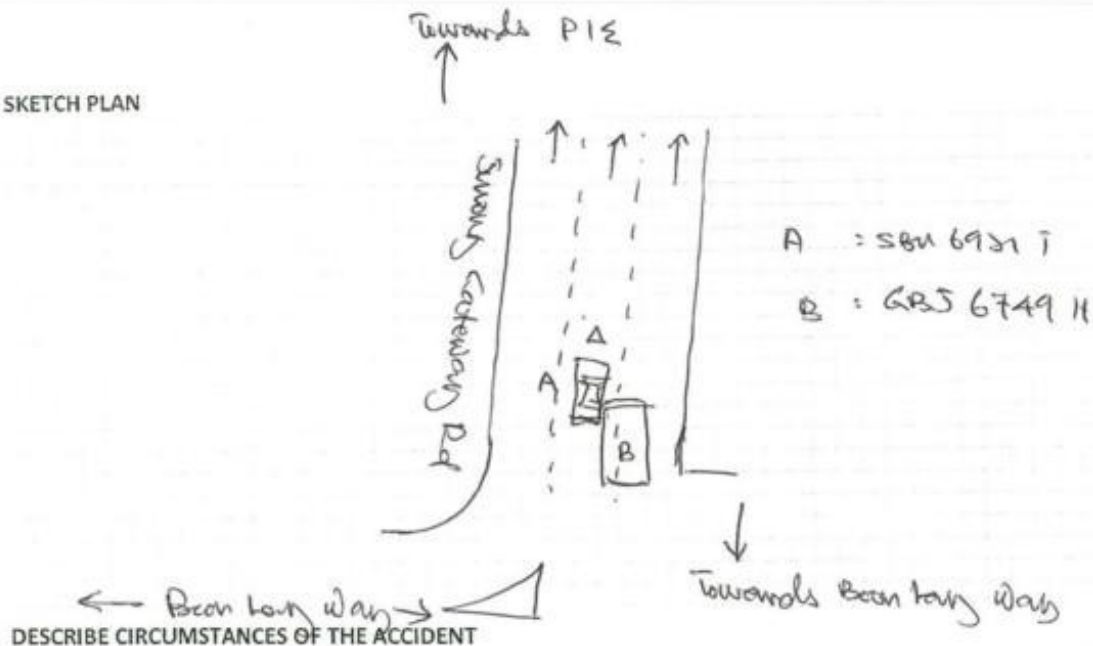

Policyholder's Signature
Date & Time: 02/11/19
4.45pm


Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/11/19
4.45pm

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02 Nov 2019, we were driving along Smong Catway Rd towards PIE in the centre lane. Suddenly we felt a bump/knock on the rear right side of our car. We noticed that there was a silver van very close next to our car. Upon safely stopping at the side of the road, we went out to inspect the car. We noticed that there were abrasions on the rear right bumper of our car. It was apparent that the van had swerved into our lane and bumped against the rear right side of our car.

The driver of the van was a lone male Chinese and was unable to communicate in English.

No one was injured in the incident.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 02/11/19

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02/11/19

4.40pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

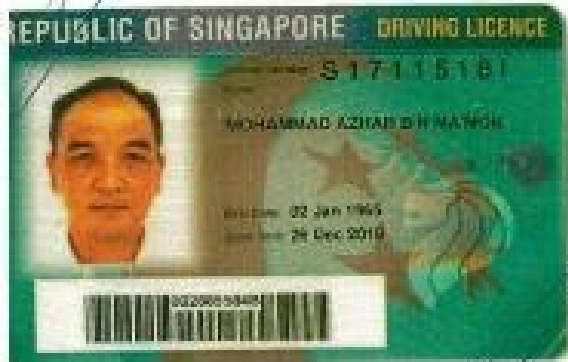


FOR ACCIDENT REPORTING
PURPOSES ONLY

Handwritten signature

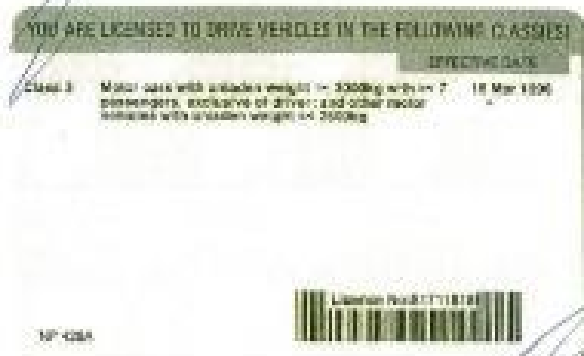


Identification Card



FOR ACCIDENT REPORTING
PURPOSES ONLY

[Signature]



The Manager / Officer
Accident Reporting Centre
Singapore

Owner Letter of Consent

I (Owner's Name) Norhafizan Bte Athan (Owner's NRIC No) S170224571

(Owner's Vehicle Make & Model) BMW 520i Car Number Plate SBU 6921T

hereby authorize (Name of Driver) Muhammad Azhar Bin Ma'Mon

(Driver's NRIC No) S17115181 to file a traffic accident report happened on

(Date of Accident) 02/11/2024 (Place of Accident) Along Jurong Gateway

Road towards PE.

(Time) 1445

Owner's Signature: 

Date: 02/11/2024

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: 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 : MVAG19145246 Vehicle Registration No: SBU6921T
Name (as shown in NRIC) : MOHAMMAD AZHAR BIN MA'MON NRIC/FIN/Passport No : S1702245H
(*Vehicle Driver / ~~Vehicle Owner~~) (*) Please delete as appropriate
Address : 21 HAZEL PARK TERRACE #07-05 Singapore (678946)
Contact (Tel) : 9656 1125 Mobile No. : _____
Email Address : mohd - azhar - 65 @ hotmail. com
Date of Accident : 02/11/2019 Time of Accident : 14:45
Place of Accident : JURONG GATEWAY ROAD TOWARDS PIE
Insurance Company : DIRECT ASIA

(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:

CHANGE FROM REPORTING ONLY TO DOING THIRD PARTY CLAIM

OLD: REPORTING ONLY

NEW: THIRD PARTY

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre Personnel's Signature
Name: JERAPREY CHAN
NRIC/FIN No.: 584I
Date: 5/11/2019