

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	26/11/2019 14:46
Date Of Accident	25/11/2019 14:20
Exact Location Of Accident	BKE TWDS WOODLANDS BEFORE ECO-LINK @BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE4062A
Insured/Policyholder	
Name Of Registered Owner	PRESTIGE KARZ LEASING PTE LTD
Co Reg No	201917085E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO 1.5L A
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5112788221
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASYRAAF BIN PHAWASI
NRIC No	S9707567J
Date Of Birth	27/02/1997
Occupation	OUTDOOR
Date Of Driving Pass	10/03/2016
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98557843
Fax Number	
Contact Number	OFFICE-98557843
Email Address	NOEMAIL

Address	BLK 30 MARSILING DRIVE #03-313
Postcode	730030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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: : NURUL LYDIA MOHAMMAD JAILANI 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 STATEMENT.

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	SME3117Y
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) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GT6542A

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This report correctly the details of the accident to speed up the claims process.
2. This document to be completed by the Policyholder and/or the Authorized Insurer.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance companies to repudiate policy liability.
4. The police and acceptance of this form by insurance companies is not an admission of policy liability by 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 T&A Road Management Centre and also be kept by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will be made available upon request by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at their centre and to making the report being made available above said.
8. Consent under the Personal Data Protection Act (PDPA)

I, understand, acknowledge, agree and consent that:

- (a) My insurers, 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 processed by my insurers (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers(s) who have insured vehicle(s) involved in this accident full insurance who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the insurers' lawyers/law firms, the relevant authority of Singapore and any relevant government agency/authority such as the police, for the purposes 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 making of correspondence, statements, inquiries, 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 the external error of envelopes/mail packages; and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (hereinafter the "Purposes").
- (b) all insurers(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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or specialist (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 third, regulatory, 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.



Insured's Signature
Date & Time

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

Reporting Centre Person's Signature
Name
Date & Time

Accident Sketch Plan

SKETCH PLAN

VEHICLE A: SJE 4062A.

VEHICLE B: SME 3117Y

VEHICLE C: GT6542A.

A
B
C

ONE TOWARDS
WOODLANDS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON the stated date & time, I, vehicle 'A', SJE 4062A, was travelling straight along the stated venue. Due to front vehicle stopped, I stopped as well. About 3-4 seconds later, I felt an impact on my vehicle's rear portion. I then realised that I was involved in a chain collision of 3 vehicles.

my passenger: Nurul Lydia Mohammad Jailani
597047602

DECLARATION

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

Policyholder's Signature
(Date & Time)

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

Reporting Centre Personnel's Signature
Name:
NIC/ID No.:

Scanned by CamScanner