## 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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
NDIC No.	COTOTOT

 NRIC No
 \$9707567J

 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?

Number of vehicles (including own vehicle)

NO 3

involved in the accident

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

# 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

#### MAPORIANT NOTICE

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### Concent under the Personal Data Protection Act (PDPA)

Condent Land, acknowledge, agree and engrent that

- but hely recovers, my work-things and the Cameral incurance Association of Springers of "GAA"; imaginar presented on regions, with discharge another present of the Cameral distribution of Springers of "GAA"; imaginary presented in the content of the Springers o
  - (a) preserving, handing antifer dealing with my claims including the artiferent of the claims, and any notarities over the claims;
  - (o) accompaning the accident and/or my claims;
  - (in) corrupte out and/or dealing with my instructions or responding to any enquiries by me;
  - Instantement letting my claims beclocking the making of correspondence, statements, involves, reports or notices to rewhethe could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of executions/mail packages); and/or
  - (v) complying with applicable law in administering processing handling and/or dealing with my claims (collection) the "Paramores".
- (ii) in accuracity with hore insuled vehicle(s) monitories in this accident and the insurers' favorers, way form, may/are permitted to reserve, true, declare auditor process my Personal Information for one or more of the above Purposes, and
- the and Personal Information may/can be disclosed by any of the lossers and/or GM to their third porty service services or greature helping their kneyer-flow kerns), which may be sited outside of "angapere, for one or more of the above Figure 2.
- (iii) any five-cond information will also be explicited and used to compile claims history for the purpose of fracts to restme, any stagether and management in present and all future claims.
- (i) I'm informateup to collected under (d) above may be shared / disclosed:
  - to all movers and/or any other third parties that assist in evaluating, investigating, controlling or man aging hand, regislators, law indicatement and povernment agricins as reasonably required for the purposes craters; or

by for complying with requirements under any regulations, laws or court orders.

man problems September 5

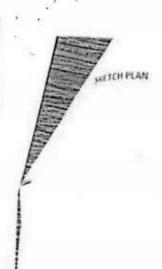
trever's Sign of the (if dozen's east the policyholder)

Date & Time

Reporting Lendre Personn

NEUC/ERS No.

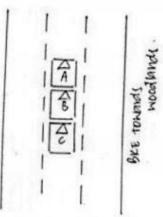
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VEHILLE A: STE 4062A.

Vehicu 5: SME 31174

VEHILLE C: 67 6542A.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MAS_	travelling straight along the stated venue. Due to
	unite stopped, I stopped as well twout 3-4
	ids later, I felt an impact on my vehille's
	portion. I then realised that I was involved
in a	chain collision of 3 veniues.
	my passenger: Nurvi cydia Mohanmad Jailani 597047602

DECLARATION!

ne particulars are true in every respect.

Policytologi's Signature (Litr & Timer

Driver's Synature (If driver it not the policyholder) Date & Time: Reporting Centre Personnel's Senutive
Name:
NRIC/FIN No.:

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