MSUU19157069 / Success United Pte Ltd - HQ
ENTRY DATE & TIME: 28/11/2019 11:48
SUBMITTED BY: Teo Wee Keong

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.
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	28/11/2019 11:48
Date Of Accident	28/11/2019 08:15
Exact Location Of Accident	PIE NEAR LAMP POST 672
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD8992J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAHMI BIN MOHD ZAKARIA
NRIC No	S8804297B
Email Address	FAHMIZEE88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96200464
Alternative Phone No	OTHERS-96200464
Vehicle Particulars	
Manufacturer	HONDA
Model	ACCORD 2.0 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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10940316
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAHMI BIN MOHD ZAKARIA
NRIC No	S8804297B
Date Of Birth	12/02/1988
Occupation	INDOOR
Date Of Driving Pass	06/11/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96200464
Fax Number	
Contact Number	OTHERS-96200464
EMail Address	FAHMIZEE88@GMAIL.COM

Address	APT BLK 293D BUKIT BATOK STREET 21 #29-536 SINGAPORE
Postcode	654293
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	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?	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)	6
Passenger 1	NAME: : NURTASHARINA BINTE NORDIN GENDER: : FEMALE
Passenger 2	NAME: : SAPIYAH BT PUNGOT GENDER: : FEMALE
Passenger 3	NAME: : AIRIS ARISSA BINTE MUHAMMAD FAHMI GENDER: : FEMALE
Passenger 4	NAME: : IFFAH AFRINA BTE MUHAMMAD ZAMRI GENDER: : FEMALE
Passenger 5	NAME: : IZZAH ELYANA BTE MUHAMMAD ZAMRI 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 SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML4356E

Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CYRUS CHNG BOON HUAT ZHUANG WENFA
NRIC/Passport Number	S8636464F
Contact Number	68483443
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBC5371G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KARTIKGANES SANTHIRASEKAR
NRIC/Passport Number	G2735590R
Contact Number	+601126467941
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	NURTASHARINA BINTE NORDIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD8992J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SAPIYAH BT PUNGOT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD8992J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	AIRIS ARISSA BINTE MUHAMMAD FAHMI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD8992J
Were seat belts worn?	

Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	IFFAH AFRINA BTE MUHAMMAD ZAMRI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD8992J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

DETAILS OF INJURED PERSON 5

Name	IZZAH ELYANA BTE MUHAMMAD ZAMRI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD8992J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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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

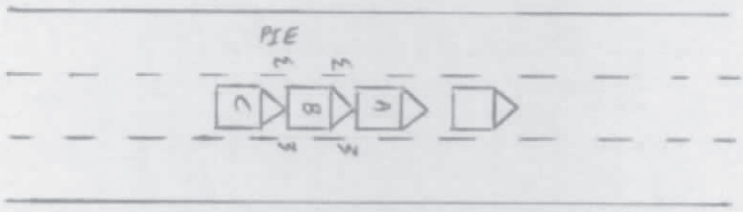
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Veh A: SMD8992J
Veh B: SML4356E
Veh C: GBC5371G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along PIE on the middle lane. As I drive near the lamp post 672, the traffic ahead was heavy, so I slowly inch forward. When the vehicle ahead of me stopped, I followed suit. Subsequently, I felt an impact on the rear of my vehicle. I alighted and noticed that Veh B(SML4356E) had rear-ended my vehicle. I also saw that Veh C(GBC5371G) hit into the rear of Veh B. We then exchange particulars and left the scene. My grandmother complaint of pain on her knee after the incident.

DECLARATION

I/We declare the foregoing 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:
NRIC/FIN No: