

## 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	21/07/2020 10:30
Date Of Accident	21/07/2020 09:00
Exact Location Of Accident	ALONG KPE TWRDS CITY BEFORE AIRPORT RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL7313S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUS'AB BIN IBRAHIM BAMADHAJ
NRIC No	SXXXX089C
Email Address	MUSABBAMADHAJ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97697315
Alternative Phone No	OTHERS-97697315

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.8L 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104568733-01
Cover Note Number	

### Driver

Name of Driver	MAHDI BIN IBRAHIM BAMADHAJ
NRIC No	SXXXX234C
Date Of Birth	27/10/1980
Occupation	INDOOR
Date Of Driving Pass	18/10/2016
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91111712
Fax Number	
Contact Number	
Email Address	MAHDIBAMADHAJ@GMAIL.COM

Address	BLK 239 PASIR RS STREET 21 #02-35
Postcode	510239
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	6
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

#### 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 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	SGL8455Y
Vehicle Make/Model/Colour	TOYOTA / VIOS 1.5E M
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJL8698C
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Vehicle Make/Model/Colour	TOYOTA / C-HR HYBRID 1.8S CVT
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	
Vehicle Make/Model/Colour	UNKNOWN PLATE NUMBER
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SGM8768P
Vehicle Make/Model/Colour	MITSUBISHI / LANCER 1.6 A
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	SMC2661J
Vehicle Make/Model/Colour	HONDA / SHUTTLE HYBRID 1.5X AUTO
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)

DETAILS OF INJURED PERSON 1	
Name	MAHDI BIN IBRAHIM BAMADHAJ
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SFL7313S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 239 PASIR RS STREET 21 #02-35
Postcode	510239

## Accident Sketch Plan

### SKETCH PLAN

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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.

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Policyholder's Signature  
Date & Time:

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

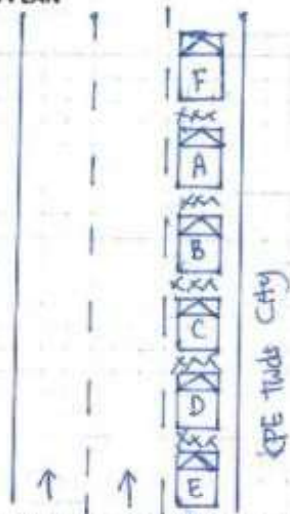
IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vlcom.com.sg](mailto:vackb@vlcom.com.sg)

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

21 JUL 2020

# Accident Sketch Plan

## SKETCH PLAN



Veh A: SFL7313S  
 Veh B: SGL8455Y  
 Veh C: SJL8698C  
 Veh D: Unknown  
 Veh E: SGM8768P  
 Veh F: SMC2661J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On above date & time, I was driving my vehicle A (SFL7313S) traveling along KPE towards City on first lane of a 3-lanes, expressway. Somewhere before Airport Road exit, vehicle F (SMC2661J) ahead slowed down and stopped due to the heavy traffic flow. As such, I applied brake and stopped 3 metre <sup>a way</sup> behind vehicle F. Out of sudden, vehicle B (SGL8455Y) came from rear and collided onto the rear portion of my vehicle. Due to the impact, my vehicle was surged forward and collided onto the rear portion of vehicle F. After the accident, I alighted and realised I was involved in a 6 car chain accident. There was 4 car behind of my vehicle.

Vehicle C: SJL8698C    Vehicle D: Unknown    Vehicle E: SGM8768P

## DECLARATION

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

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Policyholder's Signature  
 Date & Time:

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

IDAC KARIKUT (VAC)  
 23 Kaki Bukit Ave 4 #02-02  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: vackb@vicom.com.sg

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

21 JUL 2020