

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	11/09/2020 15:44
Date Of Accident	10/09/2020 18:15
Exact Location Of Accident	SLE TWRDS TPE(BEFORE WDLANDS AVE 12 EXIT 9)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM7143M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AZMIL BIN AKSAN
NRIC No	SXXXX225D
Email Address	AZMIL_AKSAN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97516804
Alternative Phone No	OTHERS-97516804

Vehicle Particulars

Manufacturer	HONDA
Model	HONDA / FIT 1.3G 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	5106325334-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AZMIL BIN AKSAN
NRIC No	SXXXX225D
Date Of Birth	20/11/1988
Occupation	INDOOR
Date Of Driving Pass	14/09/2010
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97516804
Fax Number	
Contact Number	OTHERS-97516804
EMail Address	AZMIL_AKSAN@YAHOO.COM.SG

Address	BLK 786E #13-11 WOODLANDS DRIVE 60
Postcode	735786
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	COLLISION - HEAD TO REAR
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?	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	GBJ4356X
Vehicle Make/Model/Colour	ISUZU / NHR87AUE4AA MT
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)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AZMIL BIN AKSAN
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✓ Approximate Age

Injuries Sustain

Injured person in which vehicle?

SJM7143M

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

BLK 786E #13-11 WOODLANDS DRIVE 60

Postcode

735786

Accident Sketch Plan

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) in complying with requirements under any regulations, laws or court orders

Policyholder's Signature
Date & Time:

Driver's Signature
(If different from the Policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN

A = S7M77143M
 B = GBJ4556X
 SZE towards TPE
 Before Woodlands
 Avenue 12 Err 197


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

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


 Police Officer's Signature
 Date & Time


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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Singapore 415935
 Tel: 67416697 Fax: 67492305
 Email: vac.kb@sinonet.com.sg

Accident Sketch Plan

On 10.09.2020 at about 18:15 hours along SLE towards TPE (Before Woodlands Avenue 12 Exit 9). I was travelling straight on the lane 4 at the above-mentioned location and the traffic was heavy. When the front vehicle was moving slow and came to a stop, hence I followed suit.

After a few seconds, suddenly I heard a loud bang and felt an impact from behind. When I alighted, I realised vehicle (B) had collided onto the rear portion of my vehicle (A).

Vehicle (A): SJM 7143M

Vehicle (B): GBJ 4356X

