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 Submission 01/12/2020 15:13 (SGT) Date of Accident 28/11/2020 10:45 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information CTE TWDS AYE AFTER BRADDELL EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI 76278Y

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI

NRIC No. SXXXX303E

Email Address mohammedyazararafat@gmail.com

Mobile Phone No (Phone) +65-81606522

Alternative Phone No +65-88922033

VEHICLE PARTICULARS

Manufacturer Toyota Model Wish

Variant

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 - Claiming third party

Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company NTUC

Type of Coverage Comprehensive

Fleet Policy

Policy Number 5110698813-01

Cover Note Number

DRIVER

Name of Driver MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI

NRIC No SXXXX303E Date Of Birth 02/04/1985 Occupation Outdoor

Accident report SN0920C1000E

Date Of Driving Pass 14/02/2012 Driving experience 8 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-81606522 Alt. Phone Number +65-88922033 Email Address mohammedyazararafat@gmail.com Address **BLK 653 YISHUN AVENUE 4** Address complement #11-465 Postcode 760653 Is the driver the policyholder? Yes If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Clear Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name WONG CHUN HAW Gender Male **DETAILS OF POLICE ACTION** Was the accident reported to the police? Was notice of intended Prosecution given? Nο 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? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKW3604L Vehicle Manufacturer Toyota

Vehicle Registration NumberSKW3604LVehicle ManufacturerToyotaVehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPrivate carName of Driver-Contact Number-



Address	
Address complement	
Postcode	-
Insurance Company Name	
Nature Of Damage	
Details of property damaged in acciden	nt
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer	SLW5061C Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address Address Complement Post Code	MOHAMMED YAZAR ARAFAT ABBAS MANTHIRI
Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	NECK & BACK SLZ6278Y Yes No
INJURED 2	
Name of injured person Address	WONG CHUN HAW

Name of injured person Address	WONG CHUN HAV
Address Complement	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY

Injured person in which vehicle?

Were seat belts worn?

Ves

Was this injured conveyed to hospital by ambulance?

No

SKETCH PLAN

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- 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:
- The 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
- 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 sollect, 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 dollectively 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:
 - 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.

(Land

Policyholder's Signature Date & Time: Profet

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personni Name:

NRIC/FIN No.

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DECLARATION I/We declare the foregoing parti	culars are true in every respect.	T.	
Trafal	Avafat		
Policyholder's Signature Date & Time:	Oriver's Signature (if driver is not the policyholder).	Reporting Centre Personnel's Signature .	
Product sign former - As	Date & Time:	NRIC/FIN No.:	



















