

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 Submission	07/12/2020 11:09 (SGT)
Date of Accident	06/12/2020 17:10 (SGT)
Exact Location of Accident	Blk 348B, Singapore 762346
Additional Location Information	YISHUN AVE 1 - NEAR LAMP POST NO: 4
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA6407Z
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	RASHSEYD BIN MOHAMAD
NRIC No	SXXXX115F
Email Address	rashseydmohamad@gmail.com
Mobile Phone No	(Phone) +65-84183987
Alternative Phone No	+65-84183987

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	X-trail
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 car

INSURANCE COMPANY

Name of Insurance Company	MSIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	A80480817QMX
Cover Note Number	-

DRIVER

Name of Driver	RASHSEYD BIN MOHAMAD
NRIC No	SXXXX115F
Date Of Birth	17/07/1987
Occupation	Outdoor

Date Of Driving Pass	09/02/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84183987
Alt. Phone Number	+65-84183987
Email Address	rashseydmohamad@gmail.com
Address	Blk 216B Compassvale Drive #06-546
Address complement	NA
Postcode	542216
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SUTINA BINTE AMRAN
Gender	Female

PASSENGER 2

Name	NA
Gender	Female

PASSENGER 3

Name	NA
Gender	Male

PASSENGER 4

Name	NA
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

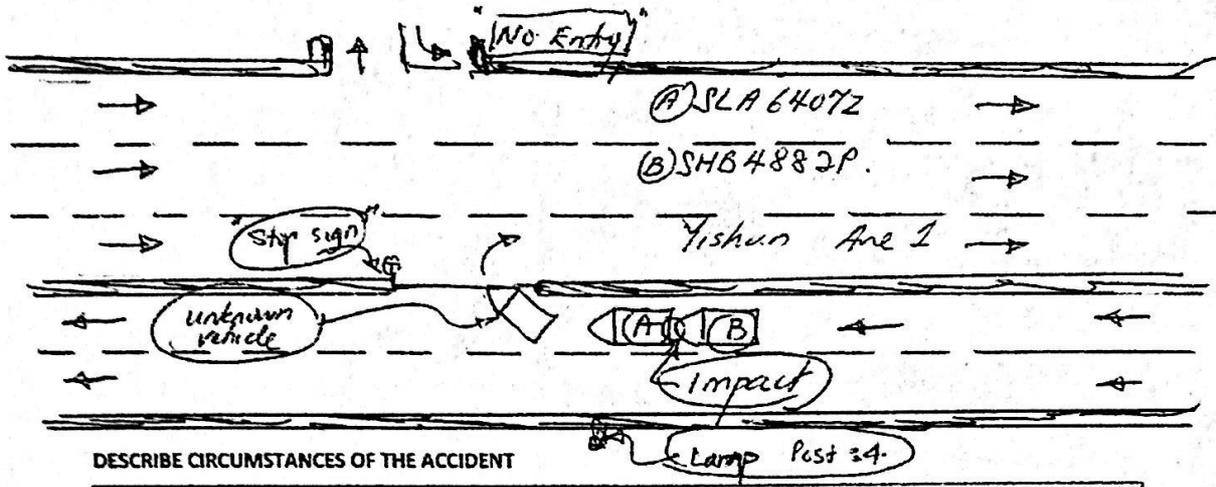
CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED COPY

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS ON THE 1ST LANE GOING STRAIGHT, AHEAD WAS AN UNKNOWN VEHICLE WHICH SLOWED DOWN AND WAS MAKING A U TURN, I SLOWED DOWN CAME TO A STOP. SUDDENLY I FELT AND HEARD A BANG ON MY VEHICLE REAR. I CAME OUT AND SAW A TAXI VEHICLE B' HAD HIT ONTO MY VEHICLE REAR. ONLY 2 VEHICLE INVOLVED AND WE EXCHANGE PARTICULARS. MY WIFE WAS NOT WELL AND WILL SEEK MEDICAL ATTENTION

DECLARATION

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

[Signature]
 Policyholder's Signature

Driver's Signature

[Signature] 9/12/2020
 Reporting Centre Personnel's Signature