



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	11/12/2020 14:34 (SGT)
Date of Accident	11/12/2020 07:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	T-JUNC OF SENGKANG EAST DRIVE & SENGKANG EAST AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC3799A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORAFIDAH BINTE UMAR SHAH
NRIC No	SXXXX771J
Email Address	muhammad_arqam@yahoo.com.sg
Mobile Phone No	(Phone) +65-85334123
Alternative Phone No	+65-85334123

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / WISH 1.8 A
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	No
Policy Number	5116114647
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD ARQAM BIN SAMSUDIN
NRIC No	SXXXX949H
Date Of Birth	12/08/1997

Occupation	Outdoor
Date Of Driving Pass	02/04/1997
Driving experience	23 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83385237
Alt. Phone Number	-
Email Address	muhammad_arqam@yahoo.com.sg
Address	BLK 123D #02-171 RIVERVALE DRIVE
Address complement	-
Postcode	544123
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NORAFIDAH BINTE UMAR SHAH
Gender	Female

PASSENGER 2

Name	NUR AMIRA QISTINA BINTE MUHAMMAD ARQAM
Gender	Female

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;

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	SKQ3329M
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / TOYOTA 86 HIGH GRADE AUTO

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	MUHAMMAD ARQAM BIN SAMSUDIN
Address	BLK 123D #02-171 RIVERVALE DRIVE
Address Complement	-
Post Code	544123
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJC3799A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- 5 Any false reporting may be referred to the Police for investigation.
- 6 The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) to its archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7 By the judgment 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 as stated.
- 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 a 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/are 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 Purpose;
 - (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 collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that exist in a rating, 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.

11 DEC 2020

A. B. K. K. K.

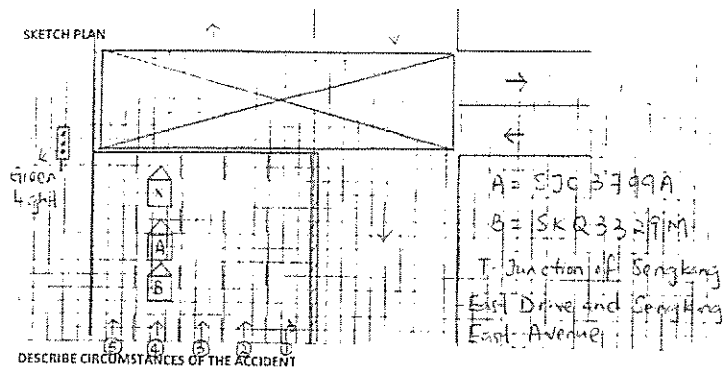
Policyholder's Signature
Date & Time

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

IDAC KARI BUKIT (VAC)

23 Kari Bukit Ave 4
Singapore 416933
Tel: 67416697 Fax: 67492305
Email: vqckb@singnet.com.sg

SKETCH PLAN #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

We declare the foregoing particulars are true in every respect

11 DEC 2020

[Signature]
Police Officer's Signature
Date & Time

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

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

On 11.12.2020 at about 07:40 hours at T-Junction of Sengkang East Drive and Sengkang East Avenue. I was stationary on lane 4 (along Sengkang East Drive towards Upper Serangoon Road) and waiting for the traffic light to turn green.

When the traffic light turned green from red and I was about to move forward, suddenly I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 2 passengers in my vehicle (A).

Vehicle (A): SJC 3799A

Vehicle (B): SKQ 3329M

ATKINS

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