

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 15/12/2020 15:57 (SGT)
Date of Accident 14/12/2020 14:40 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information TOWARDS CITY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX8992A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZAFRULLAH KHAAN BIN MOHAMED ABDUL KADIR
NRIC No SXXXX460C
Email Address zafkhaan@yahoo.com.sg
Mobile Phone No (Phone) +65-83685768
Alternative Phone No +65-83685768

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 car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119724172
Cover Note Number -

DRIVER

Name of Driver ZAFRULLAH KHAAN BIN MOHAMED ABDUL KADIR
NRIC No SXXXX460C
Date Of Birth 03/10/1971
Occupation Indoor

Date Of Driving Pass	24/04/1994
Driving experience	26 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83685768
Alt. Phone Number	+65-83685768
Email Address	zafkhaan@yahoo.com.sg
Address	BLK 533 WOODLANDS DRIVE 14
Address complement	#03-583
Postcode	730533
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ZAINAB
Gender	Female

PASSENGER 2

Name	ANESSAH
Gender	Female

PASSENGER 3

Name	AMINAHH
Gender	Female

PASSENGER 4

Name	ABDUL HAAMEED
Gender	Male

PASSENGER 5

Name	ABDUL QHDDIR
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

PLEASE REFER TO SKETCH PLAN

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 SGT8009X
 Vehicle Manufacturer Honda
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver IRENE (NG LAY HUANG)
 NRIC No -1
 Contact Number (Phone) +65-90038662
 Address -
 Address complement -
 Postcode -
 Insurance Company Name MSIG
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

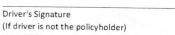
SKETCH PLAN

Veh A: 86Y 8993 A
Veh B: 86T 8009 K

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- Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - 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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - investigating the accident and/or my claims;
 - carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - 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
 - complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - 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
 - 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.
 - 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.
 - the information so collected under (d) above may be shared / disclosed:
 - 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
 - for complying with requirements under any regulations, laws or court orders.

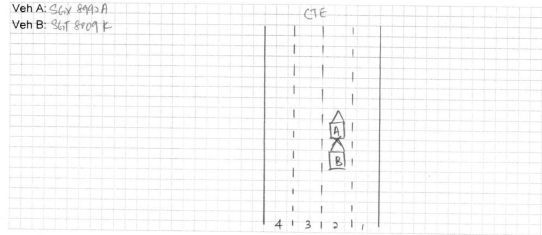
** I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

 Policyholder's Signature Date & Time: 13 DEC 2020 14:45	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: [Signature] NRIC/FIN No.: [Signature]
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GIA/ACC Sketch/Form_V3

SKETCH PLAN

Veh A: SGV 8940 A
Veh B: SGV 8909 E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along CTE at lower Vehicle in front of me slow down, I followed and stop in time. However Vehicle B behind me couldn't stop in time and hit into my rear of Vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 15 DEC 2020 14:45 AM

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

Reporting Centre Person's Signature
Name: 15/12/2020
NRIC/FIN No.:

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