SS2120CE0003 / STA Inspection Pte Ltd[575627]
ENTRY DATE & TIME: 14/12/2020 16:16 (SGT)
SUBMITTED BY: Mohamad Farez Bin Jalil
VERSION: 1 (14/12/2020 16:16 (SGT))

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	14/12/2020 16:16 (SGT)
Date of Accident	12/12/2020 15:30 (SGT)
Exact Location of Accident	501 Jurong West Ave 1, Singapore 640501
Additional Location Information	ALONG JURONG WEST AVE -2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2532R

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FARIDAH BINTE ABDUL KARIM
NRIC No	SXXXX825J
Email Address	idahkarim@gmail.com
Mobile Phone No	(Phone) +65-96809653
Alternative Phone No	+65-97152585

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Presage
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	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	5077296224-04
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD FARIS BIN YAZID
NRIC No	TXXXX070B
Date Of Birth	13/02/2002
Occupation	Indoor

Date Of Driving Pass	06/11/2020
Driving experience	1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97152585
Alt. Phone Number	-
Email Address	idahkarim@gmail.com
Address	BLK 666A JURONG WEST STREET 65 #06-197
Address complement	-
Postcode	641666
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	FARIDAH
Gender	Female

PASSENGER 2

Name	FATINI
Gender	Female

PASSENGER 3

Name	YAZID
Gender	Male

PASSENGER 4

Name	FAIZ
Gender	Male

PASSENGER 5

Name	FAZIL
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

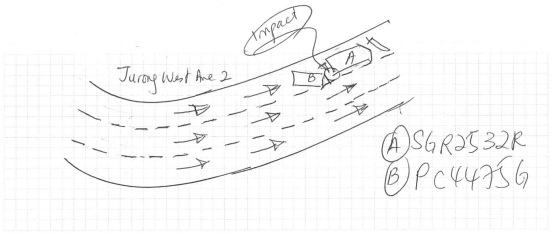
Vehicle Registration Number	PC4475G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ENG TECK SOON
NRIC No	SXXXX372Z
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LEFT FRONT PORTION
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	FARIDAH
Address	BLK 666A JURONG WEST STREET 65 #06-197
Address Complement	-
Post Code	641666
Approximate Age Years Old	-
Injuries Sustained	REFER REPORT
Injured person in which vehicle?	SGR2532R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 12th of December at about 1530 hrs, I was driving along Jurong West Ave 2 on the extreme left lane. I stopped my vehicle upon seeing the hazard in front. A few seconds later, while my car was stationary, I got hit by a van from the back, damaging the right rear portion of the car.

~~3 PASSENGER VEHICLE~~

2 vehicles involved and exchanged particulars. Passenger is not feeling well and may be seeking medical attention.

DECLARATION

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

Policyholder's Signature Date & Time: 14/12/2020 08:15am	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

14/12/2020

SKETCH PLAN

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. 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 interested parties.
7. 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 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) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 14/12/2020	Driver's Signature (If driver is not the policyholder) Date & Time: 14/12/20 UF: 15 am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 14/12/2020

GIARMC SketchPlanForm_v3

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

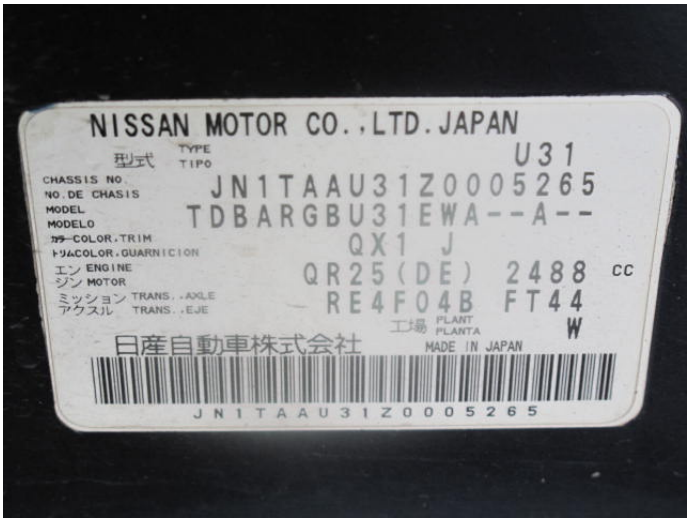
IMAGES #8

IMAGES #9

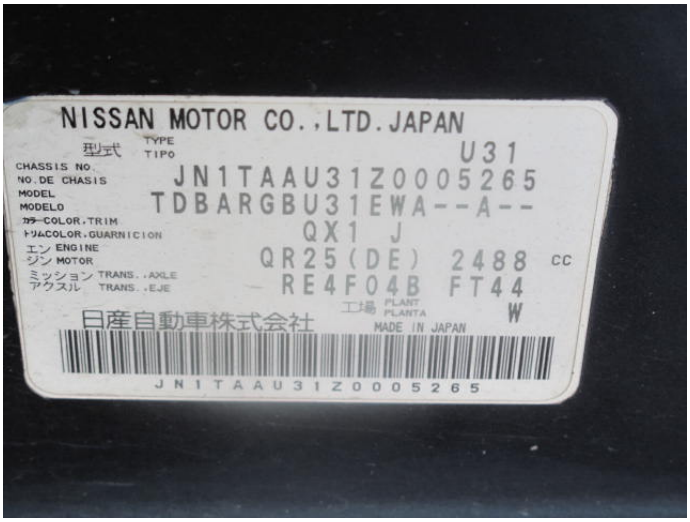
IMAGES #10

IMAGES #11

IMAGES #12


NISSAN MOTOR CO.,LTD.JAPAN
型式 TYPE TIPO
U31
CHASSIS NO.
NO.DE CHASIS
JN1TAAU31Z0005265
MODEL
MODELO
TDBARGBU31EWA--A--
COLOR・TRIM
トリムCOLOR・GUARNICION
QX1 J
エン ENGINE
ジン MOTOR
QR25(DE) 2488 CC
ミッション TRANS.・AXLE
アクスル TRANS.・EJE
RE4F04B FT44
工場 PLANT PLANTA
W
日産自動車株式会社
MADE IN JAPAN
JN1TAAU31Z0005265

IMAGES #14


NISSAN MOTOR CO.,LTD.JAPAN
型式 TYPE TIPO U31
CHASSIS NO. JN1TAAU31Z0005265
NO.DE CHASIS
MODEL TDBARGBU31EWA--A--
MODELO
カラーCOLOR.TRIM QX1 J
トリムCOLOR.GUARNICION
エン ENGINE QR25(DE) 2488 CC
ジン MOTOR
ミッション TRANS.AXLE RE4F04B FT44
アクスル TRANS.EJE
工場 PLANT PLANTA W
日産自動車株式会社
MADE IN JAPAN
JN1TAAU31Z0005265

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18