



## 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	21/12/2020 18:30 (SGT)
Date of Accident	19/12/2020 13:15 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	ALONG BKE TOWARDS SLE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2772E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MUHAMMAD FAREEZ BIN MUSA
NRIC No	SXXXX099Z
Email Address	anesjaja04@gmail.com
Mobile Phone No	(Phone) +65-94230701
Alternative Phone No	(Home) +65-94230701

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	5106769390-01
Cover Note Number	-

### DRIVER

Name of Driver	SITI HAJAR BINTE MUSTAFA
NRIC No	SXXXX047E
Date Of Birth	14/01/1991
Occupation	Indoor



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 2

Vehicle Registration Number	SMK3328Z
Vehicle Manufacturer	-
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)	-

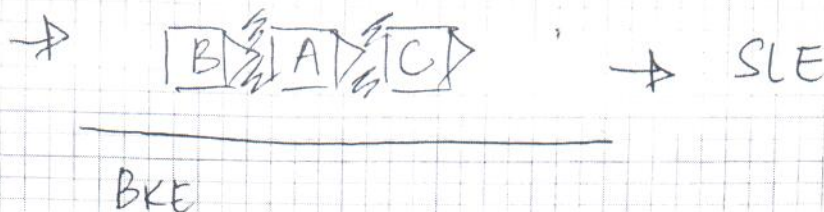
#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	SITI HAJAR BINTE MUSTAFA
Address	APT BLK 783D WOODLANDS RISE
Address Complement	#06-21 SINGAPORE
Post Code	734783
Approximate Age Years Old	29
Injuries Sustained	REFER REPORT. 5 DAYS MC.
Injured person in which vehicle?	SJM2772E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

(A) SJM2772E (B) SJN4889J (C) SMK3328Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

Police Report No. L/20201219/7015

On 19/12/2020, @ 1315hr, driving from BKE to SLE. Front car SMK3328Z slowed down, my vehicle SJM2772E managed to break and at stationary.

Back vehicle ~~SJM~~ SJN4889J hit my car at the back causing my car to move. Due to the impact of the hit, my car moved and hit the front car SMK3328Z.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: