

# 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 ..... 30/12/2020 16:22 (SGT)  
Date of Accident ..... 30/12/2020 07:40 (SGT)  
Exact Location of Accident ..... Clementi Rd, Singapore  
Additional Location Information ..... CLEMENTI RD AFTER DOVER RD B4 AYE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMA6259Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... MAJULAH CAR LEASING PTE LTD  
Company Reg No ..... 2XXXXX815C  
Email Address ..... g13accidentreporting@gmail.com  
Mobile Phone No ..... (Phone) +65-90271084  
Alternative Phone No ..... +65-90271084

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... C-HR HYBRID 1.8S CVT  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
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 ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 999993824  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... MUHAMMAD ISKANDAR BIN KAMIS  
NRIC No ..... SXXXX564G  
Date Of Birth ..... 11/09/1978  
Occupation ..... Outdoor

Date Of Driving Pass .....	21/01/2002
Driving experience .....	18 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98381344
Alt. Phone Number .....	-
Email Address .....	g13accidentreporting@gmail.com
Address .....	BLK 216 PETIR ROAD
Address complement .....	#05-419
Postcode .....	670216
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Clementi Division Headquarters
Police Station Phone No .....	(Phone) +65-18007740000
Alt. Police Station Phone No .....	(Fax) +65-67741705
Police Station Address .....	20 Clementi Avenue 5 Singapore 129858
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:D/20201230/7012

#### 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 .....	GBE2306E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 ISKANDAR BIN KAMIS
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK,BACK,CHEST & SHOULDERS
Injured person in which vehicle? .....	SMA6259Y
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 as investigation.
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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "Insurers"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
  - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not policyholder)

Date & Time:

Reporting Centre Personnel's Signature  
Name: *Shyue*  
NRIC/ FIN No: *30/12/20*



Along Clementi Road After Dover

SKETCH PLAN



Vehicle A: SMA6259Y

Vehicle B: G8E2306E

~~on the mention Date and time~~

Refer Report No. D/2020D30/7012

DECLARATION

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



Policyholder's Signature  
Date & Time:

*James Lee*

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

*[Signature]*

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

*2/Jan 30/12/20*







**SINGAPORE  
POLICE FORCE**



D/20201230/7012

1 of 2

**POLICE REPORT (NP299)**

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Report No. D/20201230/7012

Date/Time Report Made 30/12/2020 13:12	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ISKANDAR BIN KAMIS	Address 216 PETIR ROAD #05-419 SINGAPORE 670216	
ID Type / ID No. NRIC NO / S7826564G	Contact No. Home/Office:	Mobile: 98381344
Nationality SINGAPORE CITIZEN	Email Address maintis_78@hotmail.com	
Occupation PHV DRIVER	Sex Male	Age 42
Institution/School Name	Date of Birth 11/09/1978	Race Javanese
Date/Time Of Incident 30/12/2020 07:40	Location Of Incident CLEMENTI ROAD	

**Brief details.**

On the above mentioned date and time I was driving my vehicle SMA6259Y with a male passenger onboard.

We were belted.

We were travelling along clementi road after dover road before aye on the second lane from the left.

Suddenly I felt a massive impact from the rear so I alighted to realised that vehicle GBE2306E had

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 30/12/2020 13:12
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





**SINGAPORE  
POLICE FORCE**



D/20201230/7012

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**POLICE REPORT (NP299)**

**CONTINUATION OF REPORT**

Report No. D/20201230/7012

collided on to my vehicle's rear.

Later that afternoon, I started feeling soreness on my neck, back, chest and shoulders areas.

As such I went to intermedical clinic kovan to seek treatment and was given 5 days mc.

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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Date/Time:

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**SINGAPORE  
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