

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 15/01/2021 14:29 (SGT)
Date of Accident 12/01/2021 13:40 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBH5601S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SHI FU GE PTE LTD
Company Reg No -
Email Address ADMIN@MYCAR.SG
Mobile Phone No (Phone) +65-98888885
Alternative Phone No +65-98888885

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
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 Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070029795
Cover Note Number -

DRIVER

Name of Driver MUHAMAD ISZAHAR BIN HAMID
NRIC No SXXXX044H
Date Of Birth 04/12/1993
Occupation Outdoor

Date Of Driving Pass	27/06/2017
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85353044
Alt. Phone Number	-
Email Address	ADMIN@MYCAR.SG
Address	BLK 223A SUMANG LANE #03-171
Address complement	-
Postcode	821223
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Chain Collision
Weather Conditions	DRIZZLING
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	NUR IMELDA AMELYA BINTE MUHAMMAD ISZAHAR
Gender	Female

PASSENGER 2

Name	NUR AIN BINTE SAMDANI
Gender	Female

PASSENGER 3

Name	NUR IZARA ALYSHA BINTE MUHAMMAD ISZAHAR
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210114/2052

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 GBE9015Z
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD8575A
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 MUHAMAD ISZAHAR BIN HAMID
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? -
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? Yes

INJURED 2

Name of injured person NUR AIN BINTE SAMDANI
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained BODY
Injured person in which vehicle? GBH5601S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

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

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

Accident Report Form (GIA) 2018

Vehicle A:
3BH56015
Vehicle B:
6BE90152
Vehicle C:
XD8575A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 7/20210114/2052

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.:

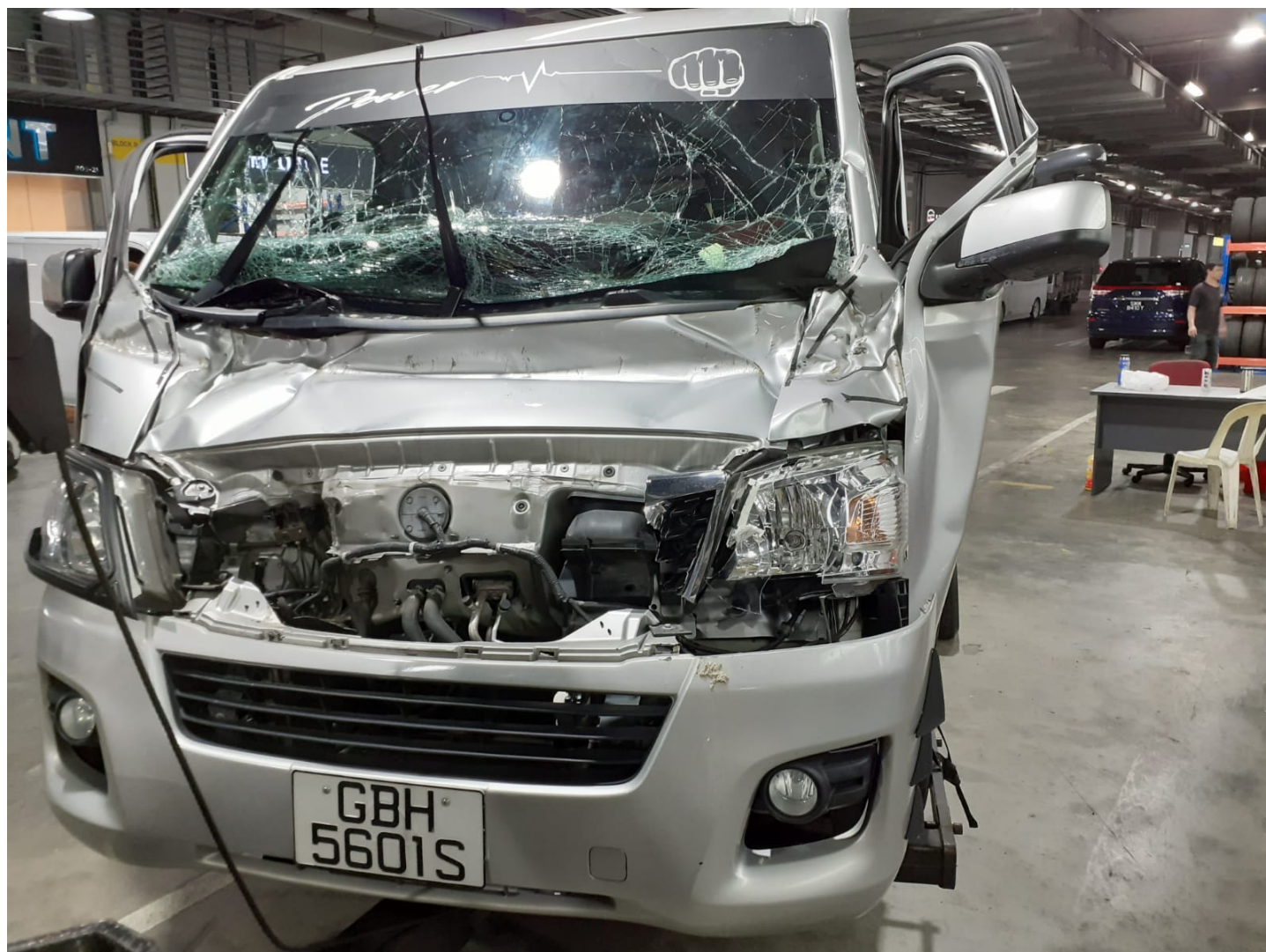
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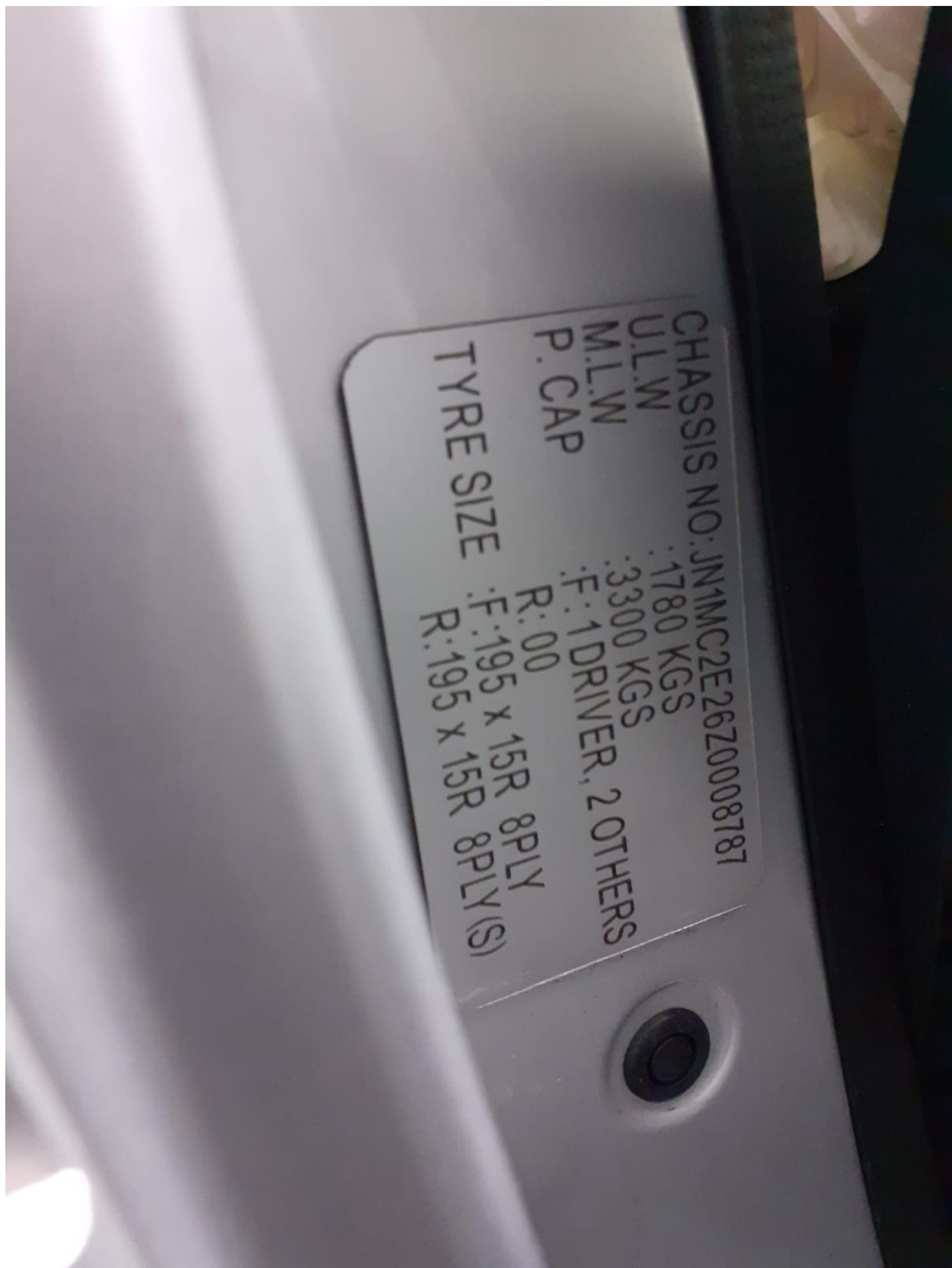












CHASSIS NO: JN1MC2E26Z0008787
U.L.W : 1780 KGS
M.L.W : 3300 KGS
P. CAP : F: 1 DRIVER, 2 OTHERS
R: 00
TYRE SIZE : F: 195 x 15R 8PLY
R: 195 x 15R 8PLY(S)



**SINGAPORE
POLICE FORCE**



T/20210114/2052

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No: T/20210114/2052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2021 13:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD ISZAHAR BIN HAMID			Address: APT BLK 223A SUMANG LANE #03-171 SINGAPORE 821223		
ID Type / ID No.: NRIC NO / S9346044H			Contact No.: Home/Office: Mobile: 85353044		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 04/12/1993	Type of Informant: Driver		
Race: Boyanese			Language: English	Institution / School Name:	
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/01/2021 13:40	Type of Location: Straight Road
Location: KEPPEL ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH5601S	Van	NISSAN	NV350 PANEL VAN 2.5 5MT 5DR		Seriously Damaged	3

Details of Person Involved

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		

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SINGAPORE
POLICE FORCE



T/20210114/2052


Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20210114/2052

CONTINUATION OF REPORT

Passenger			
Name	NUR IMELDA AMELYA BINTE MUHAMMAD ISZAHAR		ID No. T1823277J
Related Vehicle	GBH5601S (Van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
Driver			
Name	MUHAMMAD ISZAHAR BIN HAMID		ID No. S9346044H
Related Vehicle	GBH5601S (Van)		Contact No. 85353044
Hospital/Clinic	NTFGH		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury NIL
Passenger			
Name	NUR AIN BINTE SAMDANI		ID No. S9317205A
Related Vehicle	GBH5601S (Van)		Contact No. NIL
Hospital/Clinic	NTFGH		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	03		Degree of Injury NIL
Passenger			
Name	NUR IZARA ALYSHA BINTE MUHAMMAD ISZAHAR		ID No. T17200401
Related Vehicle	GBH5601S (Van)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000


T/20210114/2052

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Report No. T/20210114/2052

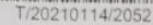
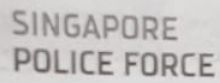
CONTINUATION OF REPORT

Brief Details.
ON THE STATED DATE, TIME AND LOCATION,

I WAS TRAVELLING ALONG AYE TOWARDS TUAS NEAR AHMAD IBRAHIM ROAD. I SAW THE TRUCK IN FRONT OF ME COMING TO A COMPLETE STOP. I WAS GRADUALLY SLOWING DOWN BEHIND THE TRUCK AND CAME TO A COMPLETE STOP AS WELL. WHEN THE TRAFFIC FLOW STARTED TO MOVE AGAIN, I ALSO SWITCHED TO GEAR TWO TO GET READY TO MOVE OFF. WHEN I CHECK MY REARVIEW MIRROR FOR THE FIRST TIME, I DIDN'T SEE ANY ONCOMING VEHICLES. AFTER A FEW SECONDS LATER, RIGHT AS I WANTED TO MOVE OFF, A VAN SUDDENLY DASHED TOWARDS MY VEHICLE AND COLLIDED INTO ME FROM BEHIND. AS A RESULT, MY ENTIRE VEHICLE JERKED FORWARD AND ENDED UP COLLIDING WITH THE TRUCK IN FRONT OF ME. I WAS STUCK MOMENTARILY IN BETWEEN BOTH VEHICLES. WHEN THE POLICE AND AMBULANCE ARRIVED, MY WIFE AND I WAS CONVEYED TO NG TENG FONG GENERAL HOSPITAL. AFTER I WAS DISCHARGED FROM THE HOSPITAL, MY WIFE AND I WENT TO A PRIVATE CLINIC FOR A CHECK-UP THE NEXT DAY AS WE FELT THE PAIN AGAIN. THAT'S ALL.

IO IN-CHARGE: SUFIAN

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CONTINUATION OF REPORT

Informant is not able to provide sketch plan

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