

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	21/01/2021 14:13 (SGT)
Date of Accident	21/01/2021 07:06 (SGT)
Exact Location of Accident	960 Woodlands Rd, Singapore 738702
Additional Location Information	KJE 6km from PIE Exit towards Tuas
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN2122L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Rashidin Bin Abdul Rahim
NRIC No	SXXXX043Z
Email Address	rashidin.a.r@gmail.com
Mobile Phone No	(Phone) +65-82289208
Alternative Phone No	(Home) +65-82289208

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4
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	Aviva
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	11006905
Cover Note Number	-

DRIVER

Name of Driver	Rashidin Bin Abdul Rahim
NRIC No	SXXXX043Z
Date Of Birth	19/02/1981
Occupation	Indoor

Date Of Driving Pass	26/06/2003
Driving experience	17 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82289208
Alt. Phone Number	(Home) +65-82289208
Email Address	rashidin.a.r@gmail.com
Address	Blk 1 Fernvale Close #07-02
Address complement	-
Postcode	797485
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 Accident Report and Sketch Plan.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP590E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	Reddy
NRIC No	SXXXX612J
Contact Number	(Phone) +65-98818405
Address	-
Address complement	-
Postcode	-

Company Name
Damage
property damaged in accident
Passenger (Including Driver)

-
-
-
1

IMPORTANT NOTICE

1. Please report **promptly** the details of the accident to speed up the claim process.
2. This form must be **completed by the Police officer and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **challenge policy validity**.
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 or the GAA 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 lodging 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 processed 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 insured(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 to me;
 - (iv) administering my claims (including the mailing of correspondence, statements, 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 envelope/email pack etc); 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/are 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 as 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 responsible required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders.

A: 2911-100 L
 B: FBH 00604
 C: FBP 590E
 D: SMR 2638 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date and time, the weather condition is clear, road surface is dry. I was travelling along KJE 6km from PIE towards Tuas, the vehicle in front of me fully stopped. It was not an emergency break, as vehicles were travelling slowly within 60 to 70 km/h on first lane. Myself was able to stop without any collision with the car in front of me, hence, the car behind me also stopped at a distance without colliding at my rear end. A few seconds after fully stopped, I felt and heard collision to my car, which was the bike C hitting my left side of the car. Please refer to the video footage for more needed explanation.

DECLARATION

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

Policyholder's Signature
 Date & Time: 21/01/21
 16:34

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

Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: 201719866M