

# 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 ..... 23/02/2021 15:51 (SGT)  
Date of Accident ..... 23/02/2021 10:50 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE Towards Tuas ( After Paya Lebar Road Exit )  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJJ4828G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Mohamed Aziz Bin Hassan  
NRIC No ..... SXXXX648A  
Email Address ..... ishareauto@gmail.com  
Mobile Phone No ..... (Phone) +65-97543167  
Alternative Phone No ..... (Home) +65-97543167

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Airwave  
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 ..... Direct Asia  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00265102/05  
Cover Note Number ..... nil

### DRIVER

Name of Driver ..... Mohamed Aziz Bin Hassan  
NRIC No ..... SXXXX648A  
Date Of Birth ..... 17/06/1952  
Occupation ..... Indoor

Date Of Driving Pass ..... 25/06/1975  
 Driving experience ..... 45 YEARS AND 8 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97543167  
 Alt. Phone Number ..... (Home) +65-97543167  
 Email Address ..... ishareauto@gmail.com  
 Address ..... Blk 273 Tampines Street 22 #05-68  
 Address complement ..... -  
 Postcode ..... 520273  
 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 ..... Chain Collision  
 Weather Conditions ..... Clear  
 Road Surface ..... Dry

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? ..... No  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 3  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... Hamimah Binte Karsidee  
 Gender ..... Female

PASSENGER 2

Name ..... Jahara Bte Khamis  
 Gender ..... Female

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

Report please refer to sketch Plan

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 ..... SMY1531S  
 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) ..... -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SJD7143K  
 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 ..... Mohamed Aziz Bin Hassan  
 Address ..... Blk 273 Tampines Street 22 #05-68  
 Address Complement ..... -  
 Post Code ..... 520273  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... Body Pain  
 Injured person in which vehicle? ..... SJJ4828G  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... Jahara Bte Khamis  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... Body pain  
 Injured person in which vehicle? ..... SJJ4828G  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 3

Name of injured person ..... Hamimah Binte Karsidee  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SJJ4828G  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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.
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

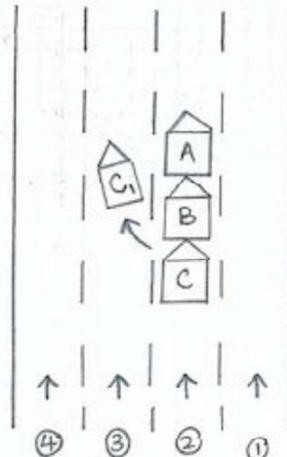
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
 Policyholder's Signature / Date & Time

\_\_\_\_\_  
 Driver's Signature (if Driver is not the policyholder) / Date & Time

\_\_\_\_\_  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



A = SJJ 4828G  
 B = SMY 1531S  
 C = SJD 7143K  
 PIE towards Tuas (After  
 Paya Lebar Road Exit)

**Describe Circumstances of the Accident**

On 23.02.2021 at about 10:50 hours, I was travelling straight on lane 2 along PIE towards Tuas (After Paya Lebar Road Exit). When the front vehicle slowed down and stopped, hence I followed suit. After a few seconds, when the front traffic condition was clear and I was about to move forward, suddenly I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

It was a chain collision of total of 3 vehicles involved. I wish to state that I have 2 passengers in my vehicle (A).

Vehicle (A): SJJ 4828G

Vehicle (B): SMY 1531S

Vehicle (C): SJD 7143K

**Declaration**

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

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel