# 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 witholding of material facts may allow insurance companies to repudiate 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to reputing 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 18/12/2020 16:20 (SGT) Date of Accident 17/12/2020 15:00 (SGT) Exact Location of Accident Loyang, Singapore Additional Location Information Loyang Flyover Junction Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SLZ5155A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Zulkarnain Bin Muhammad NRIC No S8331196G Email Address zulmuhd1983@gmail.com Mobile Phone No (Phone) +65-97822222 Alternative Phone No +65-97822222

VEHICLE PARTICULARS

Manufacturer Hyundai Mode Avante Variant ..... Exact purpose for which vehicle was being used at time of

accident

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category Private use

No - Reporting only Private car

INSURANCE COMPANY

Name of Insurance Company Type of Coverage

Comprehensive Fleet Policy No

Policy Number GA535937 Cover Note Number

DRIVER

Name of Driver Zulkarnain Bin Muhammad NRIC No S8331196G Date Of Birth 01/10/1983 Occupation Outdoor

Date Of Driving Pass 02/03/2019 Driving experience 1 YEAR AND 9 MONTHS Gender Mobile Number (Phone) +65-97822222 Alt. Phone Number +65-97822222 Email Address zulmuhd1983@gmail.com Address Blk 18 Marsiling Lane #03-271 Address complement Postcode 730018 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 Collision - Head to Rear Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Yes Police Station Name Bukit Merah West Neighbourhood Police Centre Police Station Phone No (Phone) +65-18003779999 Alt. Police Station Phone No (Fax) +65-63773923 Police Station Address 500 Bukit Merah View #01-01 Singapore 159682 Was notice of intended Prosecution given? No If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

Refer to attached

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration NumberSMD3033KVehicle ManufacturerMercedesVehicle Model-Vehicle Variant-Vehicle ColourWhiteVehicle CategoryPrivate carName of DriverUnknownContact Number(Phone) +65-90083083



Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	Refer to photos
No. Of Passenger (Including Driver)	2

#### SKETCH PLAN

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- Association of singapore (out) for archiving and that copies or this report will for a ree be made available upon application by interested parties.
- Consent under the Personal Data Protection Act (PDPA)
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GAY") may/are permitted to collect, ut disclose and/or process my personal distulgemental information as out in this (Term) and say other personal information provided by me or possessed by me insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured velocificity from it in successed all insurer(s) who have insured velocificity involved in this accident all insurer(s) who have insured velocificity involved in this accident all insurer(s) who have insured velocificity involved in this accident all insurer(s) who have insured velocificity involved in this accident all insurer(s) who have insured velocifications.
- 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;
- (ii) administring my claims (including the mailing of correspondence, statements, wholces, reports or nonces to me, which coald involve discourse of certain personal data about me to bring about delivery of the same as usell as on the external cover of envelopes/mail packages); and/or
- "Purposes")
- to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- 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 detect 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, con

(ii) for complying with requirements under any regulations, laws or court orders.

12 2020 Of driver is not Date & Time:

Reporting Centre Personn Name: Ann And





































