# **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 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.

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   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 31/03/2021 15:01 (SGT) Date of Accident 30/03/2021 17:22 (SGT) Exact Location of Accident AYE, Singapore Additional Location Information Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SGX296D

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner HEIRIZAN BIN MOHD SA'ADOR NRIC No SXXXX518H Email Address zoomautowerks@gmail.com Mobile Phone No (Phone) +65-87576518 Alternative Phone No +65-87576518

#### VEHICLE PARTICULARS

Manufacturer

Model Stream 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 Transmission Auto CC 1800

#### **INSURANCE COMPANY**

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Type of Coverage ThirdParty Fleet Policy Policy Number DMPCSNW00103112000 Cover Note Number

#### DRIVER

Name of Driver AHMAD FARIS BIN ABDUL GHANI NRIC No. SXXXX089B

Date Of Birth 06/05/1994 Occupation Indoor Date Of Driving Pass 21/01/2013 Driving experience 8 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-83228431 Alt. Phone Number Email Address zoomautowerks@gmail.com Address BLK 840 JURONG WEST ST 81 #04-111 Address complement Postcode 640840 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Relative Does Driver Own Other Vehicles? Nο 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name NUR FAJRINA BINTE AYOB 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 REFER TO STATEMENT. 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 SKS1921E Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

Name of Driver			
Contact Number			
Address			
Address complement			
Postcode			
Insurance Company Name			
Nature Of Damage			
Details of property damaged in			
No. Of Passenger (Including Dr	iver)		

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SMK6837B - -
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 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	
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#### SKETCH PLAN

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  of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

l 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 law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Sketch Plan

Vehicle A: Sax 296 D

Vehicle B: Ses 1921E

Vehicle C: SME68378

Describe Circumstances of the Accident

on the stated date k time, 1, vehicle 4,
86x2960, was travelling along the stated venue.
Front vehicle made an abrupt brake and I slowed do
and stopped as well. About 3-5 seconds later, vehicle
Sts 1921E, collided onto my vehicle's year portion. The
great impact caused my vehicle to propel forward
and nit onto the front car.
My passenger: Nur Fajrina Binte Ayob 895266576.
3-19-2V V 3 1 M
Declaration
We declare the foregoing particulars are true in every respect.

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel















