

TSM

## 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 ..... 05/04/2021 21:20 (SGT)  
Date of Accident ..... 02/04/2021 18:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LAVENDER STREET  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJU7944B

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MOLLAH MD FARHAD  
Passport No/FIN ..... GXXXX400P  
Email Address ..... farhadmollahm@yahoo.com  
Mobile Phone No ..... (Phone) +65-86472042  
Alternative Phone No ..... +65-86472042

#### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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 ..... 1987

#### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5116299074 (CLASSIC)  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MOLLAH MD FARHAD  
Passport No/FIN ..... GXXXX400P



Date Of Birth ..... 10/03/1989  
 Occupation ..... Outdoor  
 Date Of Driving Pass ..... 12/12/2013  
 Driving experience ..... 7 YEARS AND 4 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-86472042  
 Alt. Phone Number ..... +65-86472042  
 Email Address ..... farhadmollahm@yahoo.com  
 Address ..... 63B SING AVENUE  
 Address complement ..... -  
 Postcode ..... 217909  
 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 ..... Raining  
 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? ..... No  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

#### PASSENGER 1

Name ..... UNKNOWN  
 Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Tampines Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18005871999  
 Alt. Police Station Phone No ..... (Fax) +65-65871699  
 Police Station Address ..... 6 Tampines Ave 4 Singapore 529682  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210402/2086

#### 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 ..... SLM1873E  
 Vehicle Manufacturer ..... Nissan

Vehicle Model	Qashqai
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	SLG4129H
Vehicle Manufacturer	Nissan
Vehicle Model	X-trail
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	MOLLAH MD FARHAD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	32
Injuries Sustained	5 DAYS MEDICAL LEAVE FROM OUR FAMILY CLINIC
Injured person in which vehicle?	SJU7944B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



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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.

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@viam.com.sg](mailto:vackb@viam.com.sg)

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**05 APR 2021**

**Sketch Plan**

	<p>A = SJU 7944 B</p> <p>B = SLM 1873 E</p> <p>C = SLG 2129 H</p>
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**Describe Circumstances of the Accident**


Refer to Police Report

T 12021040212086

**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

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Email: [vackb@vacom.com.sg](mailto:vackb@vacom.com.sg)

Witnessed by Reporting Centre  
Personnel

05 APR 2021