

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	25/06/2021 15:50 (SGT)
Date of Accident	25/06/2021 08:00 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TWDS PIE NEAR EXIT 7
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN727U
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AIRME BIN MOHAMED
NRIC No	SXXXX647J
Email Address	adidas1001@live.com
Mobile Phone No	(Phone) +65-98325336
Alternative Phone No	+65-98325336

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rush
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	1500

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA435445
Cover Note Number	-

DRIVER

Name of Driver	AIRME BIN MOHAMED
NRIC No	SXXXX647J

Date Of Birth	18/09/1976
Occupation	Indoor
Date Of Driving Pass	08/08/2007
Driving experience	13 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98325336
Alt. Phone Number	+65-98325336
Email Address	adidas1001@live.com
Address	BLK 425 CANBERRA ROAD #04-479
Address complement	-
Postcode	750425
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	AFTER RAIN
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

I WAS TRAVELLING ALONG KJE ON THE RIGHT MOST LANE OF 4 LANES. AS I WAS TRAVELLING STRAIGHT, SOMEWHERE NEAR EXIT 7, M/CAR (SMH5396D) IN FRONT BRAKE AND STOP. I ALSO APPLIED MY BRAKE TO STOP WHEN SUDDENLY, ONE M/CAR (SGC8888D) CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT, CAUSED MY VEHICLE TO SURGE FORWARD AND HIT ONTO M/CAR (SMH5396D) IN FRONT OF ME. AFTER THE ACCIDENT, I CAME OUT OF MY VEHICLE AND REALISED A TOTAL OF 4 VEHICLES INVOLVED IN THE ACCIDENT.

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	SGC8888D
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLS1217T
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	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMH5396D
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	VEHICLE D
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	AIRME BIN MOHAMED
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJN727U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 willful 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. The 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.
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

KJS TODAY'S PVE DATE 2017					↓	A: SJN 7270 B: SAC 8888D C: SH3 1217T D: SMH 5396D

I AUTHORISED SMS TO EMAIL THE GIA REPORT TO sm-automotive@hotmail.com.



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG KJC ON THE RIGHT MOST LANE OF 4 LANES. AS I WAS TRAVELLING STRAIGHT SOMEWHERE NEAR EXT 7, MY CAR SMH 5396D IN FRONT BRAKE AND STOP AND I ALSO APPLIED MY BRAKE TO STOP WHEN SUDDENLY ONE MKAR 96C 8888D CAME FROM MY REAR AND COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. DUE TO THE STRONG IMPACT CAUSED MY VEHICLE TO SURGE FORWARD AND HIT ONTO MY CAR SMH 5396D IN FRONT OF ME. AFTER THE ACCIDENT I CAME OUT OF MY VEHICLE AND REALISED A TOTAL OF 4 VEHICLES INVOLVED IN THE ACCIDENT.

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