

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 16/04/2021 15:02 (SGT)
Date of Accident 14/04/2021 23:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information Buangkok Green Blk 581 Carpark Gantry
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT7541K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FRESH CARS PTE. LTD
Company Reg No 201608540Z
Email Address kim@freshcars.sg
Mobile Phone No (Phone) +65-84133431
Alternative Phone No +65-84133431

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5118938083 (Third Party)
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD SOPIAN BIN MOHAMAD SHALIHIN
NRIC No S8900472A

Date Of Birth	11/01/1989
Occupation	Outdoor
Date Of Driving Pass	02/12/2010
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84133431
Alt. Phone Number	-
Email Address	kim@freshcars.sg
Address	BLK 24 CHAI CHEE ROAD #03-576
Address complement	-
Postcode	460024
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Passenger
Gender	Male

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 Sketch Plan, Type of Accident: Vehicle B reversed to Vehicle A

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	SHA4011S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	MUHAMMAD SOPIAN BIN MOHAMAD SHALIHIN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	2 days MC from YSL Aljunied Clinic & Surgery
Injured person in which vehicle?	SJT7541K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

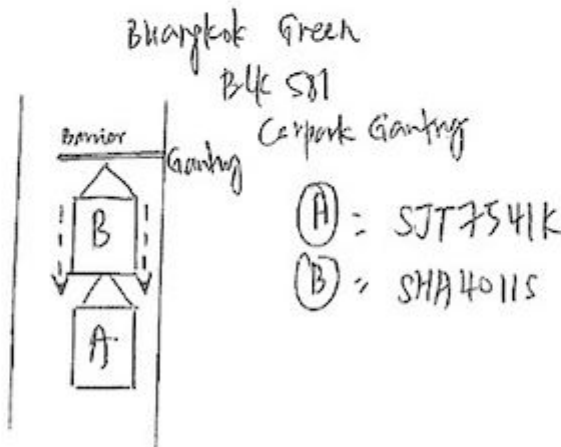
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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

IDAC KAKI BUKIT (VICOM LTD)
23 KAKI BUKIT AVENUE 4 S(415933)
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


I stopped my vehicle at Bangkok Green blk S81 Carpark
 going - while vehicle B reverse. vehicle B hit onto the
 front portion of my vehicle.
 whole accident was captured by my vehicle built-in
 video recorder.

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

IDAC KAKI BUKIT (VICOM LTD)
 23 KAKI BUKIT AVENUE 4S(415933)
 Witnessed by Reporting Centre
 Personnel





















YSL ALJUNIED CLINIC & SURGERY
5 UPPER ALJUNIED LANE #01-42 JOO SENG GREEN, SINGAPORE 360005
Tel1: 63430626 Fax: 63430625

Medical Certificate

Date : 15 Apr 2021

MC No. : 0000081214

This is to certify that :

Name : MUHAMMAD SOPIAN BIN MOHAMAD SHALIHIN
NRIC : S8900472A

is Unfit for Duty for 2 days
from 15 Apr 2021 to 16 Apr 2021 inclusive.

Dr Choo Weng Yue
MCR 06469F
MBBS (S'pore)

Dr Choo Weng Yue

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*