

## 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 ..... 24/08/2021 18:28 (SGT)  
Date of Accident ..... 24/08/2021 10:40 (SGT)  
Exact Location of Accident ..... Queensway, Singapore  
Additional Location Information ..... QUEENSWAY (TOWARDS HOLLAND RD) BEFORE  
COMMONWEALTH AVE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT6002X

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUHAMAD NIZAM BIN ZULKEFFLIEE  
NRIC No ..... S9103792J  
Email Address ..... ALIENOMATIC\_NIZAM@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-88692227  
Alternative Phone No ..... (Home) +65-88692227

#### VEHICLE PARTICULARS

Manufacturer ..... Volkswagen  
Model ..... Golf  
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 ..... 1984

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA546983/1  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... MUHAMAD NIZAM BIN ZULKEFFLIEE

NRIC No .....	S9103792J
Date Of Birth .....	02/02/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	04/09/2009
Driving experience .....	11 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88692227
Alt. Phone Number .....	(Home) +65-88692227
Email Address .....	ALIENOMATIC_NIZAM@HOTMAIL.COM
Address .....	BLK 110 JURONG EAST STREET 13 #09-304
Address complement .....	-
Postcode .....	600110
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 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

#### REFER TO ATTACHMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBK2328K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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 .....	SFM7387Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
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 .....	MUHAMAD NIZAM BIN ZULKEFFLIEE
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMT6002X
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

SECTION F

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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' 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.

*[Signature]*

Policyholder's Signature / Date & Time

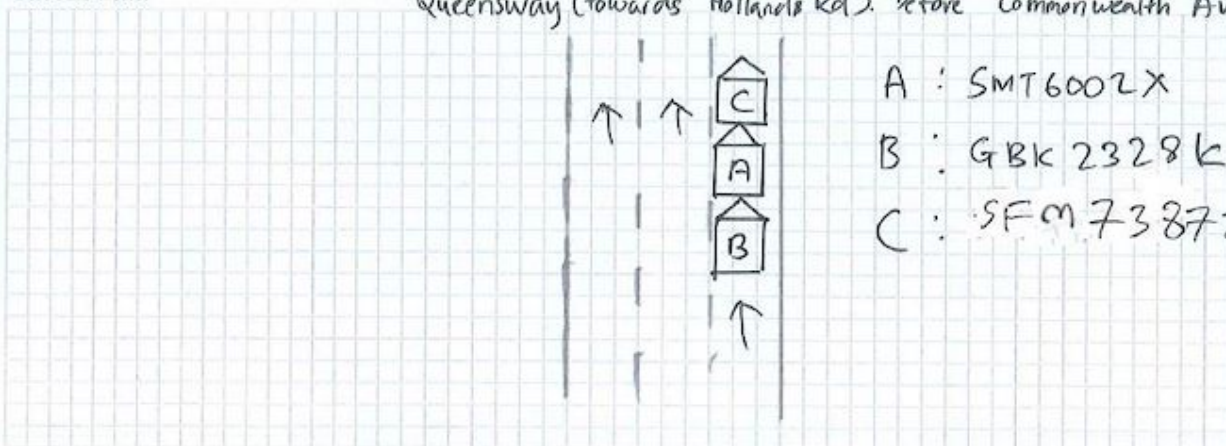
Driver's Signature (If driver is not the policyholder) / Date & Time

*[Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Queensway (towards Holland's Rd.) before Commonwealth Ave.






## Describe Circumstances of the Accident

I was travelling on Queensway before Commonwealth Ave.  
 The traffic light turn <sup>green</sup>, I proceed to move off. The vehicle in front  
 of me stop, so I followed to slow down and stop without having  
 any contact with the front vehicle. Suddenly, I felt two huge impact  
 from the rear of my vehicle, and causes my car to thrust forward  
 and hit onto vehicle C. I got down and see, I was involved  
 in a 3 car chain collision.

## 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





















