

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 15:47 (SGT)
Date of Accident	23/08/2021 20:35 (SGT)
Exact Location of Accident	Kallang Rd, Singapore
Additional Location Information	KALLANG ROAD (NEAR LAVENDER MRT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9336L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD RAHMAT BIN MOHD BAKHRAH
NRIC No	S9222743Z
Email Address	rahmaat1992@gmail.com
Mobile Phone No	(Phone) +65-81867351
Alternative Phone No	(Home) +65-81867351

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5116745571-01
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD RAHMAT BIN MOHD BAKHRAH
NRIC No	S9222743Z



Date Of Birth	24/06/1992
Occupation	Outdoor
Date Of Driving Pass	26/11/2012
Driving experience	8 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81867351
Alt. Phone Number	(Home) +65-81867351
Email Address	rahmatz1992@gmail.com
Address	BLK 765 BEDOK RESERVOIR VIEW #09-261
Address complement	-
Postcode	S 470765
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	Collision - Opening Door of Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	UNKNOWNM
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

PLEASE REFER TO SKETCH PLAN

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	SHB5039B
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
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)	-

SKETCH PLAN

IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the IA Services Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will 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 if relevant.
8. Consent under the Personal Data Protection Act (PDPA):
I/We understand, acknowledge, agree and consent that:
(a) My insurer, my co-insurer and the General Insurance Association of Singapore (GIA) may be 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 to use and transfer such personal information to all insured(s) who have insured vehicles involved in the accident, and to use and transfer such personal information to the insurers and the relevant government agency/authority, such as the Police, for the purposes of:
(i) processing, handling and/or dealing with my claim in connection with the accident and any necessary investigations relating to the claim;
(ii) handling the accident and/or my claim;
(iii) carrying out another dealing with my claim, such as, for example, any enquiries by me;
(iv) administering the claim and using the name of all expert, service, adjustment, claims, reports or notices to me, which could involve disclosure of certain personal data/personal information about my identity. If there are vehicles on the exterior cover of envelopes and packages, and/or
(v) carrying out a third party claim involving strong processing, handling and/or dealing with my claim.
(b) My insurer, who have insured vehicles involved in the accident and the insurers, insurers, agents may be permitted to collect and disclose and/or process my Personal Information to the extent required for the above purposes; and
(c) My Personal Information may be disclosed to any of the insurers and/or IA Services Management Centre and/or agents of agents involved in the accident, for use, which may be disclosed to the General Insurance Association of Singapore for use for the above purposes.


Policyholder's Signature (Date & Time)


Authorised Driver's Signature (Date & Time)


Witnessed by Reporting Centre Person

Sketch Plan



Describe Circumstances of the Accident

I WAS TRAVELLING IN LANE 2 ALONG TALLAGH ROAD WHERE BY ~~THE~~ A TAXI WAS PARKED ON THE LEFT SIDE (LANE 1) DECIDED TO DROP HIS PASSENGER AS I WAS DRIVING PAST BY TAXI, SUDDENLY A PASSENGER FROM THAT TAXI SWING DOOR OPEN FROM THE RIGHT SIDE TO EXIT ALONG MAIN ROAD. THE DOOR OPEN WIDE WHICH CAUSED TO HIT MY LEFT SIDE MIRROR AND SCRATCH MY DOOR.

Declaration

(We declare the foregoing particulars are true in every respect)


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policy holder) / Date & Time


Witnessed by Reporting Centre Personnel









































