

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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

27/09/2021 13:50 (SGT)
25/09/2021 15:00 (SGT)
ECP, Singapore
ALONG SLIP ROAD TO ECP (CHANGI) FROM OPHIR ROAD
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLD2656G

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No
MOHAMAD MALAYSIA BIN KASSIN
SXXXX706B
nazeem277@hotmail.com
(Phone) +65-96524567
+65-96524567

VEHICLE PARTICULARS

Manufacturer
Model
Variant
Exact purpose for which vehicle was being used at time of accident
Are you claiming under your own insurance policy for repair to your vehicle?
Vehicle Category
Transmission
CC

Toyota
Estima
ESTIMA AERAS 2.4 A
Private use
No - Claiming third party
Private car
Auto
2362

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage
Fleet Policy
Policy Number
Cover Note Number

ECICS Limited
Comprehensive
No
MPC21P00103700
-

DRIVER

Name of Driver
NRIC No

MUHAMMAD NAZEEM BIN MOHAMED MALAYSIA
SXXXX113E

Date Of Birth	09/04/1996
Occupation	Indoor
Date Of Driving Pass	16/10/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82984792
Alt. Phone Number	-
Email Address	nazeem277@hotmail.com
Address	17 STILL ROAD SOUTH
Address complement	-
Postcode	423929
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	1
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)	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

ON THE 25/09/2021 @ ABOUT 15.00HRS ALONG SLIP ROAD TO ECP (CHANGI) FROM OPHIR ROAD, I WAS TRAVELLING ON THE SECOND LANE FROM THE LEFT ON THE ABOVE MENTIONED ROAD. WHEN MY FRONT VEHICLE SLOWED DOWN & STOPPED DUE TO CONES ON OUR LANE, HENCE I FOLLOWED SUIT. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR & WHEN I ALIGHTED, I REALISED IT WAS MY VEHICLE (B) WHO HIT INTO THE REAR PORTION OF MY VEHICLE (A) CAUSING THE DAMAGE OF MY VEHICLE

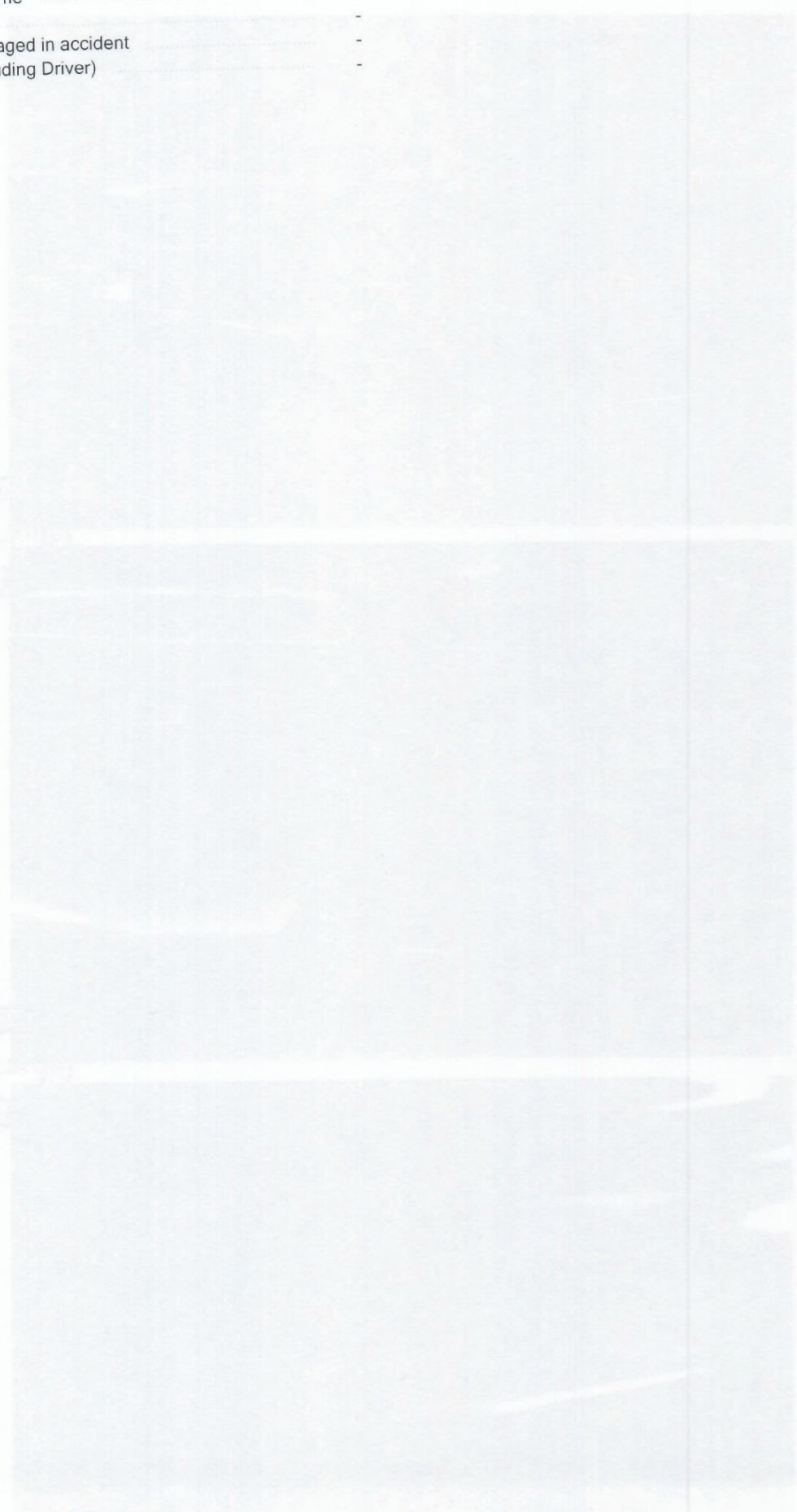
ATTACHMENT(S)

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

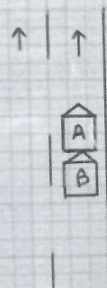
Vehicle Registration Number	SLV7794M
Vehicle Manufacturer	-
Vehicle Mode	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -



SKETCH PLAN

slip road to ECP (Changi)



(A) - SL02656G


(B) - SLV7794M


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 25/07/2021 @ about 1500HRS along slip road to ECP (Changi) from Ophir Road. I was travelling on the second lane from the left on the above mentioned road. ~~Then~~ when my front vehicle slowed down and stopped due to cones on the lane, hence I followed suit. Suddenly, I felt a huge impact from the rear and when I alighted, I realized it was Vehicle (B) who hit into the rear portion of my Vehicle (A), causing damages to my my Vehicle.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

QATAR, SketchPlanForm, V3

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: