

# 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 .....	12/01/2022 16:24 (SGT)
Date of Accident .....	12/01/2022 07:40 (SGT)
Exact Location of Accident .....	New Upper Changi Rd, Singapore
Additional Location Information .....	JUNC OF CHAI CHEE ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GBD7611X
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	K MOHAMED YOUSOFF PRIVATE LIMITED
Company Reg No .....	1XXXXX238M
Email Address .....	imran_kmy@hotmail.com
Mobile Phone No .....	(Phone) +65-97363042
Alternative Phone No .....	+65-97363042

### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Nv200
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	1597

### INSURANCE COMPANY

Name of Insurance Company .....	Lonpac Insurance Bhd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	Z/21VC00/110775
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ABDUL LATIFF BIN MOHAMED YOUSOFF
NRIC No .....	SXXXX873J

Date Of Birth .....	08/09/1949
Occupation .....	Outdoor
Date Of Driving Pass .....	15/02/1971
Driving experience .....	50 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97363042
Alt. Phone Number .....	-
Email Address .....	imran_kmy@hotmail.com
Address .....	36A LORONG MARZUKI
Address complement .....	-
Postcode .....	417199
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Side Swipe
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) .....	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-

Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	COMFORT TAXI
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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

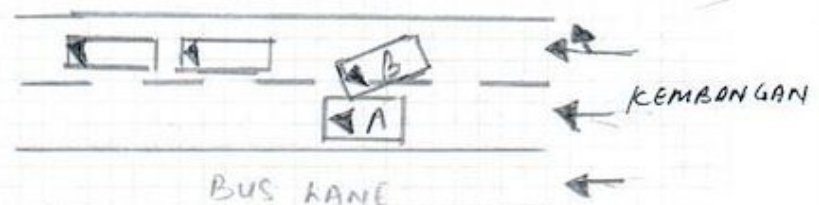
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

NEW UPP CHANGI RD

BEADOK



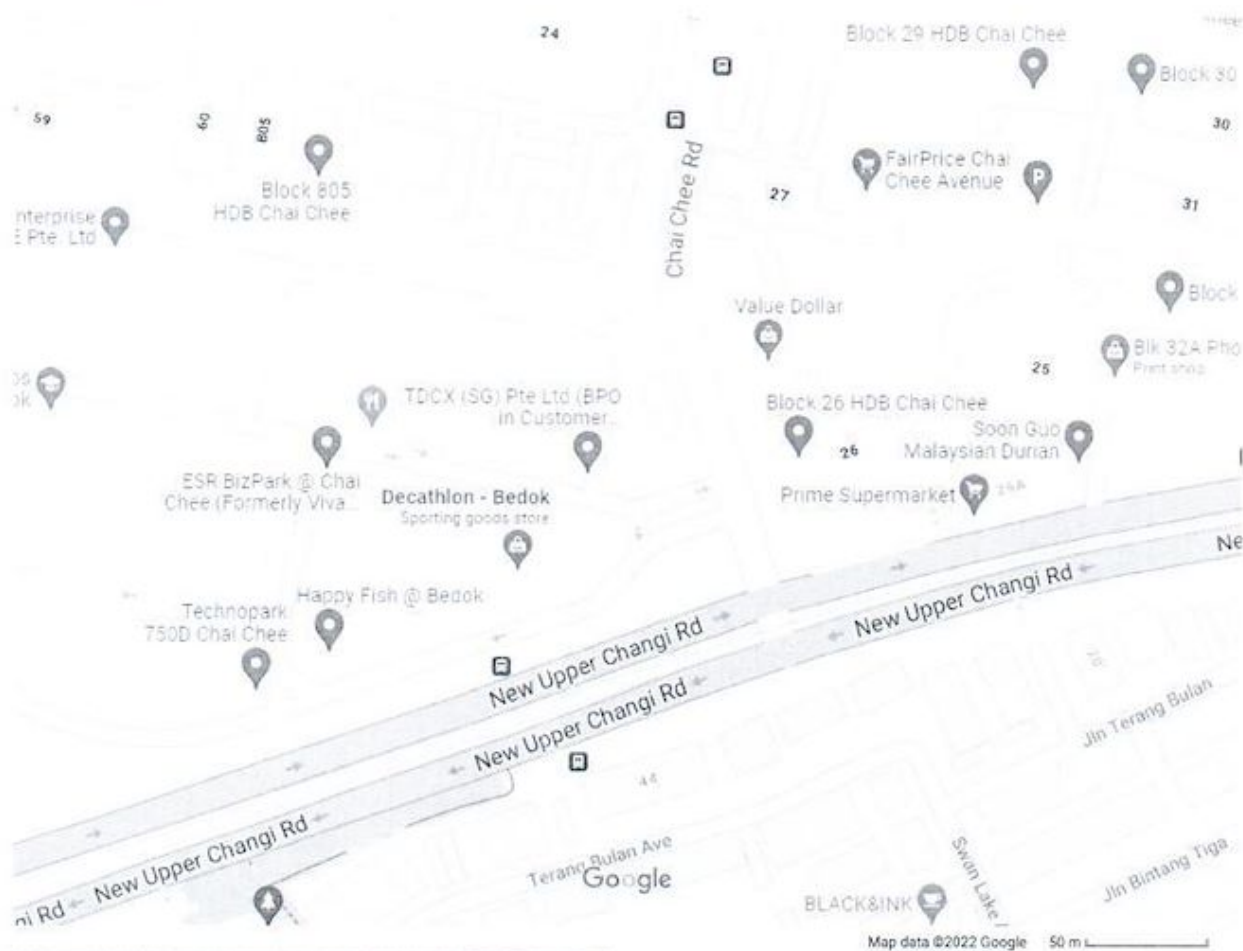
A - QBD7611X

B - COMFORT TAXI

1/12/22, 2:59 PM

New Upper Changi Rd - Google Maps

Google Maps New Upper Changi Rd



New Upper Changi Rd



<https://www.google.com.sg/maps/place/New+Upper+Changi+Rd/@1.3232826,103.9241616,18z/data=!4m5!3m4!1s0x31da22b520662ec7:0x94f5...> 1/1



## Describe Circumstances of the Accident

I was travelling straight along New Upper Changi Road towards Kembangan on the 2nd lane of A3-lanes road. Suddenly veh B from my right turning lane/straight lane swerved into my lane and hit onto my right side portion of my veh. I took some photos of veh B but didn't change particulars. When i retrieved my phone there was no photos captured. I didn't took the veh B plate number, & it was Comfort Taxi.

## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]*

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

*[Signature]* 12/01/22

Witnessed by Reporting Centre Personnel

























