

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	14/01/2022 19:18 (SGT)
Date of Accident	10/01/2022 13:00 (SGT)
Exact Location of Accident	Jurong West Ave 1, Singapore
Additional Location Information	OPP JURONG GREEN CC
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5764K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	ABDUL JALIL BIN SYED IBRAHIM
NRIC No	SXXXX108F
Email Address	AJ_SI68@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-98207546
Alternative Phone No	+65-81829646

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A3
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	1394

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10396621R00
Cover Note Number	-

DRIVER

Name of Driver	MUHAMMAD RIDZWAN BIN ABDUL JALIL
NRIC No	SXXXX043C

Date Of Birth	24/09/1997
Occupation	Indoor
Date Of Driving Pass	26/10/2016
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81829646
Alt. Phone Number	-
Email Address	RIDZWAN24@HOTMAIL.COM
Address	BLK 547 JURONG WEST ST 42
Address complement	#04-145
Postcode	640547
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 - Change/cross lane
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	ABDUL JALIL BIN SYED IBRAHIM
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

A TWO WAY ROAD, I WAS IN MY LANE ON THE RIGHT SIDE WHILE THE BUS WAS ON THE LEFT LANE. I SUPPOSE THERE WAS SOMETHING ON THE LEFT SIDE SO THAT BUS HAS TO MOVE RIGHT A BIT. THAT MADE THE BUS HIT MY LEFT SIDE OF THE CAR BY COMING INTO MY LANE. I HORN AND TRY TO MOVE TO THE EXTREME RIGHT TO AVOID ANY COLLISION BUT BUS CARRIED ON COMING TO MY LANE MAKING IT A HIT. I WENT TO THE BUS STOP TO STOP AND INFORM THE BUS CAPTAIN AND HE CLAIMED. WE DID NOT REALISED THAT HE HIT. HE PAST ME HIS POSE AND TOLD ME TO DO A ACCIDENT REPORTING. WE LOOK THOUGH THE DAMAGE AND SEEM TO FIND A DAMAGED. THE LEFT MINOR, LEFT FENDER, LEFT REAR DOOR AND LOWER PART OF THE DOOR. THE LEFT DOOR AND LEFT MINOR WAS SERVELY DAMAGE.

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	SMB165T
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Vehicle Manufacturer	Smart
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Bus
Name of Driver	RAHMAN BIN IBRAHIM
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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 and/or process my personal data/personal information set out in this [form] and any other personal information provided by me, possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to the insurers who have insured vehicle(s) involved in this accident (all insurers(s) who have insured vehicle(s) involved in this accident, collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any 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 investigation of 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, while the processing of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes, 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 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 (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

Sketch Plan

14/1/2022

@ 18:07

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

Witnessed by Person
Personal

Witnessed by Person
Personal



A = SKT 570-K

B = SMB 165-T





Describe Circumstances of the Accident


A two way road, I was in my lane on the right side while he was on the left lane. I suppose there was something on the left side so he had to make right shift. That made him hit my left side of the car by coming into my lane. I honk and try to make to the extreme right to avoid any collision but he continued on coming to my lane making it a hit. I went to the next bus stop to stop and inform the bus captain and he claimed he did not realise he was hit. He pass me his pass to and told me to do a police reporting. We look through the damage and seem to find 4 damages. The left mirror, left fender, left rear door and lower part of the door. The left door and left mirror was severely damage.

Declaration

We declare the foregoing particulars are true in every respect


Policyholder's Signature / Date & Time
14/1/2022
18:07


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


Witnessed by Reporter / Date & Time
Chang
17/1/2022