

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 18/03/2022 13:10 (SGT)
Date of Accident 16/03/2022 19:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG EAST COAST PARK SERVICE RD SLIP RD TOWARDS
ECP (CITY)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF756S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARZ HAVEN PTE. LTD.
Company Reg No 2XXXXXX429D
Email Address SUPERTECLIMO@GMAIL.COM
Mobile Phone No (Phone) +65-86116161
Alternative Phone No +65-86116161

VEHICLE PARTICULARS

Manufacturer Toyota
Model Noah
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 1797

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MFL0005038
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD HAFIS BIN MUSA

NRIC No	SXXXX283H
Date Of Birth	09/09/1976
Occupation	Outdoor
Date Of Driving Pass	31/07/2002
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83414591
Alt. Phone Number	-
Email Address	HAFISCHEVY@GMAIL.COM
Address	BLK 477 SEGAR ROAD
Address complement	#03-408
Postcode	670477
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	2
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT ATTACHED : G/20220317/7068.

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	HAVEN'T RETRIEVE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ575G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
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	MOHAMMAD HAFIS BIN MUSA
Gender	Male
Phone No	(Phone) +65-83414591
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	PAIN ON NECK, SHOULDERS, AND BACK AREAS (GIVEN 7DAYS MC).
Injured person in which vehicle?	SMF756S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLANIMPORTANT NOTICE

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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.



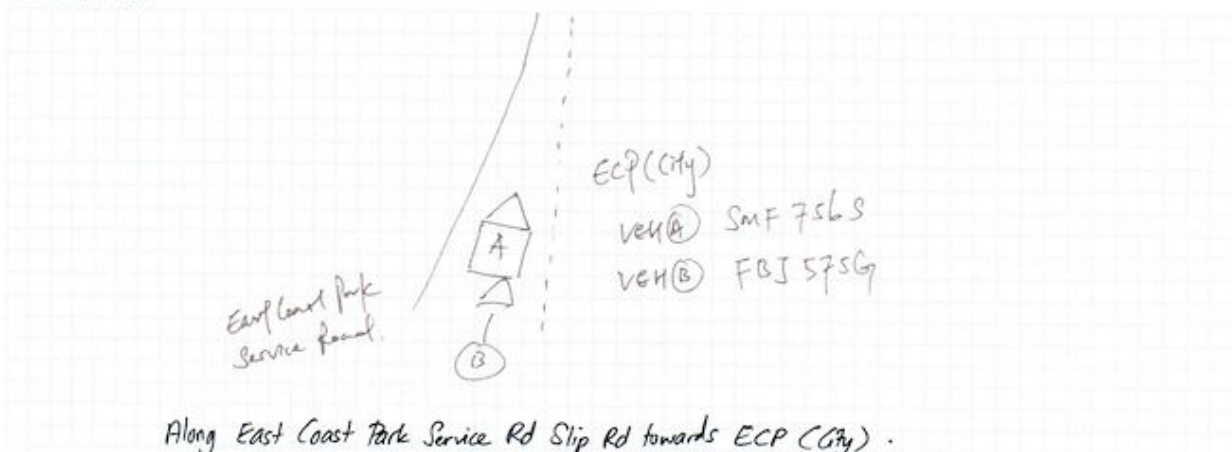
Policyholder's Signature / Date & Time

[Signature]

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

18/3/22

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Police Report / 2022 0317 / 7068

We declare the foregoing particulars are true in every respect.



Star AF1

R 18/3/22

Witnessed by Reporting Centre
Personnel

































1 of 1

Report No. G/20220317/7068

Date/Time Report Made 17/03/2022 16:58	Vide Report No.	Station Diary No.		
Name Of Informant MOHAMMAD HAFIS BIN MUSA	Address 477 SEGAR ROAD #03-408 SINGAPORE 670477			
ID Type / ID No. NRIC NO / S7628283H	Contact No. Home/Office:	Mobile: 83414591		
Nationality SINGAPORE CITIZEN	Email Address HAFISCHEVY@GMAIL.COM			
Occupation Self employed	Sex Male	Age 45	Date of Birth 09/09/1976	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 16/03/2022 19:20	Location Of Incident EAST COAST PARK SERVICE ROAD			

On the stated date and time I vehicle SMF756S was travelling straight on the stated venue. As the vehicle in front stopped I gradually follow suit. Suddenly I felt an impact from behind. I then alighted and realised that FBJ575G had hit onto my vehicle's rear portion. This morning I woke up with pain on my neck, shoulders and back areas. I then proceeded to Chua Medical Clinic and Surgery Pte Ltd to seek treatment and I was given 7 days MC.

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
17/03/2022 16:58

Classification Of Case:

