

# 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 .....	21/03/2022 17:33 (SGT)
Date of Accident .....	19/03/2022 12:35 (SGT)
Exact Location of Accident .....	CTE, Singapore
Additional Location Information .....	CTE TOWARDS CITY
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SGV8232X
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	S C RENTALS
Company Reg No .....	53402276J
Email Address .....	SCRENTALS88@GMAIL.COM
Mobile Phone No .....	(Phone) +65-84248118
Alternative Phone No .....	+65-84248118

### VEHICLE PARTICULARS

Manufacturer .....	Mitsubishi
Model .....	Lancer
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 - Reporting only
Vehicle Category .....	Commercial vehicle
Transmission .....	Auto
CC .....	1584

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	ThirdParty
Fleet Policy .....	No
Policy Number .....	5118354729-01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMMAD ISMAIL BIN OTHMAN
NRIC No .....	S8535284I

Date Of Birth .....	22/10/1985
Occupation .....	Indoor
Date Of Driving Pass .....	25/02/2004
Driving experience .....	18 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90890228
Alt. Phone Number .....	-
Email Address .....	SCRENTALS88@GMAIL.COM
Address .....	BLK 114 YISHUN RING ROAD
Address complement .....	#07-555
Postcode .....	760114
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	AZMI
Gender .....	Male

#### PASSENGER 2

Name .....	JAMILA
Gender .....	Female

#### PASSENGER 3

Name .....	FARIDA
Gender .....	Female

#### PASSENGER 4

Name .....	ROHANI
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

I AM DRIVING ON THE LANE 1, ON CTE TOWARDS CITY AROUND 12:35. TRAFFIC WAS HEAVY. SO I CANNOT SEE ANY SIGNAL AND THERE IS NO INDICATION OF TRIANGLE PLATE PLACED AT THE BACK OF THE CAR AND NO HAZARD LIGHT BLINKING. SO WHEN MY CAR COMING NOW. I REALLY PRESS THE BRAKE HARDER TO STOPPED. BUT IT CAN'T AVOID TO STOP ON THE SPOT. BECAUSE THE LAST WAS STOPPED AND PUT HAND BRAKE AND THE OWNER OF THE CAR INSIDE THE CAR. THAT'S ALL MY REPORT

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 .....	SDZ9881E
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMJ2510A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	-
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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****IMPORTANT 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



*[Handwritten Signature]*



Policyholder's Signature / Date & Time

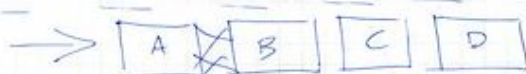
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan 21/3/2022 @ 15:50

Chang Chae Sing 1702

A = SGV 8232X  
B = SDZ 9881 E  
C = SMJ 2510A  
D = Unknown car plate



Describe Circumstances of the Accident

I am driving on the lane 1, on the Howard city - around 12.35  
 Traffic was heavy. so I can't see any signal. and there is  
 no indication of 'triangle plate' place at the back of the car.  
 and No hazard light blinking. So when my car was coming near.  
 I really press the Break harder to stopped. But it ~~was~~ can't  
 avoid anything to stop on the spot. Because the last was stopped  
 and put hand brake and the owner of the car inside the car.  
 That all my report.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
 Time

21/3/2022  
 @ 15:50

*[Signature]*

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



Witnessed by Reporting Centre  
 Personnel

Chang Aue Sing  
 17 Jan



