

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	07/05/2022 12:13 (SGT)
Date of Accident	06/05/2022 16:00 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE(CITY) BEFORE UPPER THOMSON RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7460Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JUMA'AT BIN A HAMID
NRIC No	SXXXX966E
Email Address	JUMAATHAMID7460@GMAIL.COM
Mobile Phone No	(Phone) +65-92707640
Alternative Phone No	(Home) +65-92707640

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Picnic
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	1998

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5109370859-02
Cover Note Number	-

DRIVER

Name of Driver	JUMA'AT BIN A HAMID
NRIC No	SXXXX966E

Date Of Birth	03/10/1958
Occupation	Indoor
Date Of Driving Pass	07/12/1982
Driving experience	39 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92707640
Alt. Phone Number	(Home) +65-92707640
Email Address	JUMAATHAMID7460@GMAIL.COM
Address	208 LOYANG AVENUE
Address complement	#03-05
Postcode	509062
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SAMSI BIN ADL
Gender	Male

PASSENGER 2

Name	ALI BIN PANWI
Gender	Male

PASSENGER 3

Name	HABSAH BTE RAMLY
Gender	Female

PASSENGER 4

Name	ANTAN BTE HURIS
Gender	Female

PASSENGER 5

Name	SENEHAH BTE PANBI
Gender	Female

PASSENGER 6

Name	SULISTRIYANI
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

REFER TO SKETCH PLAN ATTACHED

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	SLT9268M
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	SHA1047J
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	FBJ3822Z
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	JUMA'AT BIN A HAMID
Gender	Male
Phone No	(Phone) +65-92707640
Address	208 LOYANG AVENUE
Address Complement	#03-05
Post Code	509062
Approximate Age Years Old	63
Injuries Sustained	-
Injured person in which vehicle?	SMK7460Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	SAMSI BIN ADL
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK7460Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	ALI BIN PANWI
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK7460Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	HABSAH BTE RAMLY
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK7460Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	ANTAN BTE HURIS
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-

Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SMK7460Y
Yes
No

INJURED 6

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SENESAH BTE PANBI
Female
-
-
-
-
-
-
SMK7460Y
-
-

INJURED 7

Name of injured person
Gender
Phone No
Address
Address Complement
Post Code
Approximate Age Years Old
Injuries Sustained
Injured person in which vehicle?
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?

SULISTRIYANI
Female
-
-
-
-
-
-
SMK7460Y
-
-

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

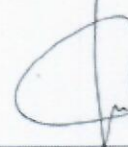
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time



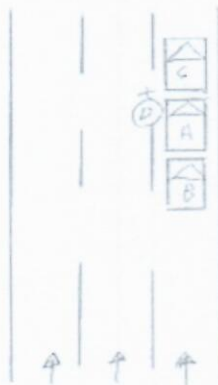
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

veh A: SMK 7460Y
veh B: SLT 9268M
veh C: SHA 1047J
veh D: FBS 3022Z




Describe Circumstances of the Accident

Handwritten sketch plan showing a road layout with arrows indicating directions. The sketch includes a main road with a side road branching off to the right. Arrows indicate traffic flow: one arrow points down the main road, another points right into the side road, and a third points up the side road. There are also some additional scribbles and lines suggesting a road network or vehicle paths.

Declaration

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


Witnessed by Reporting Centre Personnel



ON THE STATED DATE AND TIME. I, VEHICLE A (SMK7460Y) WAS TRAVELLING STRAIGHT ON LANE 1 OF SLE(CITY) BEFORE UPPER THOMSON ROAD EXIT. WHEN THE FRONT VEHICLE C (SHA1047J) SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE C (SHA1047J). SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE, THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SHA1047J) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SLT9268M) THAT HAD COLLIDED ONTO MY VEHICLE. AFTER SPOKEN TO ALL THE DRIVER WE THEN KNOW THAT VEHICLE B (SLT9268M) TRIED TO AVOID FROM COLLIDING ONTO MY VEHICLE, HE SWERVE OUT ABIT AND COLLIDED ONTO VEHICLE D (FBJ3822Z).

I WISH TO STATE THAT THIS IS A 4 CARS CHAIN COLLISION.

I WISH TO STATE THAT I GOT 6 PASSENGERS IN MY CAR.

VEHICLE A : SMK7460Y

VEHICLE B : SLT9268M

VEHICLE C : SHA1047J

VEHICLE D : FBJ3822Z

