

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 10/05/2022 18:26 (SGT)
Date of Accident 10/05/2022 06:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information YISHUN AVE 1 TURNING LEFT YISHUN AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKX642R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ISLAHIN BIN SURIYA
NRIC No SXXXX677Z
Email Address ISSURIYA@YAHOO.COM.SG
Mobile Phone No (Phone) +65-90098749
Alternative Phone No +65-90098749

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1798

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/0071830/02
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD ISLAHIN BIN SURIYA
NRIC No SXXXX677Z

Date Of Birth	20/01/1974
Occupation	Indoor
Date Of Driving Pass	08/08/1992
Driving experience	29 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90098749
Alt. Phone Number	+65-90098749
Email Address	ISSURIYA@YAHOO.COM.SG
Address	BLK 760 WOODLANDS AVENUE 6 #05-02
Address complement	-
Postcode	730760
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	SITI ASYAH BINTE
Gender	Female

PASSENGER 2

Name	RUPIAH BINTE HAMZAH
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

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB281R
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	MUHAMMAD ARHAN BIN KLANAH-STAFF I/D 13580
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

VEHICLE NO: SK 642R
DATE OF ACCIDENT: 10/5/2022

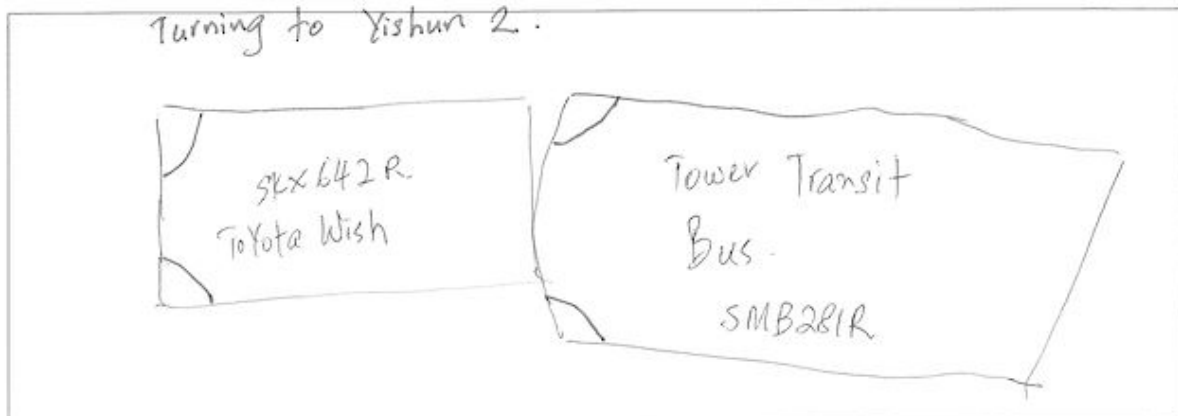
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.


Policyholder's Signature / Date & Time
11/5

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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident VEHICLE NO: SKX 642R DATE OF ACCIDENT: 10/5/2022

On 10 May 2022 at about 6.40 a.m, while I was waiting and stopping at a left turn, exiting into Yishun Ave 2 from Yishun Ave 1, my vehicle was hit by a Tower Transit bus from the rear. During the accident, there were 3 people in my vehicle. (Including myself). I did not proceed to move off into Yishun Ave 2 as there was a bus approaching from the right side along Yishun Ave 2. This is to give way to traffic moving along Yishun Ave 2.

The Tower Transit bus service no. is 858 and registration no is SMB 281R. The driver of the bus is Mr Muhammad Arhan B Klapah. Staff I.D is 13580.

Visible damage sustained to my vehicle are left rear light indicator damaged, rear door dented and the rear bumper was cracked. The bumper are also dislodged and misaligned.

Before I moved off from the accident site, the bus driver Mr Muhammad Arhan apologised and informed his supervisor about the accident.

REPORTING ONLY () OWN DAMAGE () THIRD PARTY () OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

 10.5.22
Policyholder's Signature / Date & Time
11.45am

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


Witnessed by Reporting Centre Personnel





















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SK X 642 R
 Name (as shown in NRIC): MUHAMMAD ISLATHIN BIN SURYA NRIC/FIN/Passport No: S74026772
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 766 WOODLAND AVE 6 # 05-02 Singapore ()
 Contact (Tel): _____ Mobile No.: 90098749
 Email Address: _____
 Date of Accident: 10/5/2022 Time of Accident: 6-40 am.
 Place of Accident: YISHUN AVE 3 / AVE 2
 Insurance Company: DIRECT ASIA

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

TO ADD VIDEO

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: