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 witholding 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 the research of this report will for a fee the made available upon application by interested parties. 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 Date of Accident Exact Location of Accident Additional Location Information	17/05/2022 20:28 (SGT) 17/05/2022 13:23 (SGT) Near 633 Hougang Ave 8, Block 633, Singapore 530633 Slip Road From Yio Chu Kang To Ang Mo Kio Underpass Towards
Country/State of Loss	Hougang Ave 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC2504E
INSURED/POLICYHOLDER	
la company?	N.

Volkswagen

is company?	No
Name Of Registered Owner	Mohammad Hussein Bin Abdullah
NRIC No	SXXXX024A
Email Address	husseinsykes@gmail.com
Mobile Phone No	(Phone) +65-88838236
Alternative Phone No	+65-88838236

VEHICLE PARTICULARS

Manufacturer

Model	Scirocco
Variant	1.4L AT TSI 1372Q5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1390

INSURANCE COMPANY

DRIVER

Name of Driver	Mohammad Hussein Bin Abdullal	h

NRIC No SXXXX024A Date Of Birth 03/11/1993 Occupation Indoor Date Of Driving Pass 21/08/2013 Driving experience 8 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-88838236 Alt. Phone Number +65-88838236 Email Address husseinsykes@gmail.com Address Blk 2 Hougang Street 32 #01-03 Address complement Singapore Postcode 534041 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 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) 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? 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? No Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJA1988U
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	-
Nature Of Damage Details of property damaged in accident	-
	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	Unknown
Gender	Male

SKETCH PLAN

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- 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. The 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' 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.

H/m/17/51	JL	49
Policyholder's Signature / Date & Time \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Driver's Signature (If driver is not the policyholder) / & Time	Date Witnessed W Reporting Centre Personnel
		Vehicle A: SMC 2504E
		Vehicle B: SJA 1988U
<		
←		
← ANG	MO KIO UNDERPASS	
4	TOWARDS HOUGANG AVE 2	
(B)	(II)(I)(C	

bescribe directions of the Accident
I was driving at the small road to Ang Mr Kip Underpass, vehicle
infront of me, STA 1988 il was also moving forward and both of us
Stopped at the givening sign because there was an incoming lurry
passing us. As the lorry cleared the road, we started to move
off. I started to filter to the right but SJA 1988 U suddenly came to a
stopped. As I was exiting, my car moved forward slowly and
hit the right side of the car STA 1988U.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 1664

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

Witnessed by Reporting Centre Personnel



























