

# 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	17/06/2022 17:14 (SGT)
Date of Accident	16/06/2022 18:10 (SGT)
Exact Location of Accident	Changi Rd, Singapore
Additional Location Information	ALONG CHANGI ROAD SINGAPORE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6466S
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### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K LEASING PTE. LTD.
Company Reg No	202002784H
Email Address	KRUISEAUTO@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96959566
Alternative Phone No	+65-96959566

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
Variant	TOYOTA / VIOS E GRADE 1.5 A/T
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	1497

### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	CN154199
Cover Note Number	-

### DRIVER

Name of Driver	JAMALUDIN BIN ABDUL LATIF
NRIC No	S1640110B

Date Of Birth	31/03/1964
Occupation	Indoor
Date Of Driving Pass	22/03/2016
Driving experience	6 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94690904
Alt. Phone Number	-
Email Address	RUNJAYLATIF4@GMAIL.COM
Address	APT BLK 22 CHAI CHEE ROAD #11-532
Address complement	-
Postcode	461022
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### PASSENGER 1

Name	PAX 1
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 ATTACHED  
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD  
TEL 67415336

#### 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	SFH3488T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-



Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOVEN NG KEEN HUA
Passport No/FIN	G7182718L
Contact Number	(Phone) +65-84156768
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

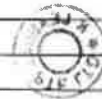
Name of injured person	JAMALUDIN BIN ABDUL LATIF
Gender	Male
Phone No	(Phone) +65-94690904
Address	APT BLK 22 CHAI CHEE ROAD #11-532
Address Complement	-
Post Code	461022
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC6466S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

##### INJURED 2

Name of injured person	PAX 1
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLC6466S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

**Describe Circumstances of the Accident**

ON 16/06/2022 1810 I WAS DRIVING SLC6466S  
 ALONG CHANGI ROAD TOWARDS CITY. I  
 STOPPED AT THE TRAFFIC LIGHT BECAUSE IT WAS  
 RED, SUDDENLY A CAR SPH3488T HIT ONTO  
 MY REAR BUMPER.



**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



17/06/2022

*[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

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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

	<p>A - SLC 6466S</p> <p>B - SPH 34887</p>
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PT. TOYOTA MOTOR MANUFACTURING INDONESIA  
 MODEL NCP150R-CEPRKT  
 ENGINE 1NZ-FE 1497 mL  
 FRAME No. MHFBT9F3506065496  
 COLOR TRIM GVM (Kg) OPTION  
 1D4 FB20  
 TRANS/AXLE U340E -04A  
 PLANT/BUILT Z37 10.2015



