

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	25/06/2022 10:20 (SGT)
Reported by	Both
Date of Accident	23/06/2022 14:30 (SGT)
Exact Location of Accident	Near 81 Pasir Ris Industrial Drive 1, Singapore 518220
Additional Location Information	Along Pasir Ris Industrial Drive 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMR9277K
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	RIZQ.SG
Company Reg No	5XXXX349E
Email Address	zulfadli@rizq.sg
Mobile Phone No	(Phone) +65-82338117
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Glc250
Variant	Coupe AMG Line 4Matic
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	1991

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V01109/VPZ/R01

DRIVER

Name of Driver	Zulfadli Bin Abdul Wahab
NRIC No	SXXXX851D
Date Of Birth	04/02/1983
Occupation	Indoor

Date Of Driving Pass	12/12/2006
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82338117
Alt. Phone Number	-
Email Address	zulfadli@rizq.sg
Address	Apt Blk 874A Tampines Street 84 #06-137
Address complement	Singapore
Postcode	521874
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Owner
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 - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

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)	6
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Jayanthi Binte Johan
Gender	Female

PASSENGER 2

Name	Seif Muhammad Aiman Bin Zulfadli
Gender	Male

PASSENGER 3

Name	Seif Amir Khalish Bin Zulfadli
Gender	Male

PASSENGER 4

Name	Nuha Zaryah Binte Zulfadli
Gender	Female

PASSENGER 5

Name	Nuha Zalyqah Binte Zulfadli
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ8778E

Vehicle Manufacturer -

Vehicle Model -

Vehicle Variant -

Vehicle Colour -

Vehicle Category Private car

Name of Driver Aaron Koh YunKai

NRIC No SXXXX252Z

Contact Number -

Address -

Address complement -

Postcode -

Insurance Company Name -

Nature Of Damage -

Details of property damaged in accident -

No. Of Passenger (Including Driver) 1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Zulfadli Bin Abdul Wahab

Gender Male

Phone No (Phone) +65-82338117

Address Apt Blk 874A Tampines Street 84 #06-137

Address Complement Singapore

Post Code 521874

Approximate Age Years Old -

Injuries Sustained -

Injured person in which vehicle? SMR9277K

Were seat belts worn? -

Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person Jayanthi Binte Johan

Gender Female

Phone No -

Address -

Address Complement -

Post Code -

Approximate Age Years Old -

Injuries Sustained -

Injured person in which vehicle? SMR9277K

Were seat belts worn? -

Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person Seif Muhammad Aiman Bin Zulfadli

Gender Male

Phone No -

Address -

Address Complement -

Post Code -



Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR9277K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 4

Name of injured person	Seif Amir Khalish Bin Zulfadli
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR9277K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 5

Name of injured person	Nuha Zaryah Binte Zulfadli
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR9277K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 6

Name of injured person	Nuha Zalyqah Binte Zulfadli
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMR9277K
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.



24/06/2022

Policyholder's Signature / Date & Time

[Signature]

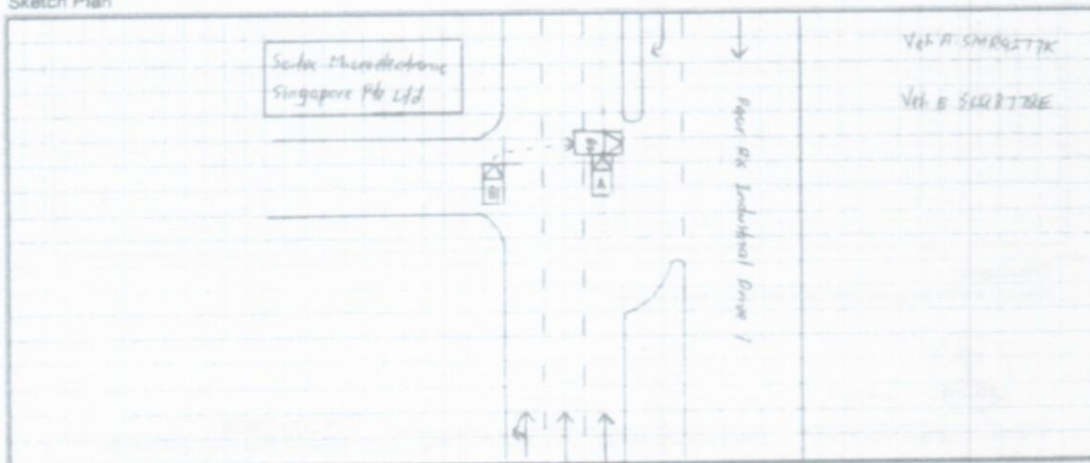
24/06/2022

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

Teo Wee Keong

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

I was travelling straight along Pasir Ris Industrial Drive 1 on the rightmost lane. As I approached Soitec Microelectronic Singapore Pte Ltd, Veh B (SLQ877BE) that was initially stationary at the roadside suddenly made an illegal U-turn and collided into the front portion of my car. Me and my family members (the passenger) went for medical consultation after the accident and was given 2 days MC.

Declaration

We declare the foregoing particulars are true in every respect.



24067027

Policyholder's Signature / Date & Time:

Owner's Signature (if different from driver's)

24067022

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

Teo Wee Keong

Witnessed by Reporting Centre Personnel
(Name as in NRIC/AD card)