

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 Actual 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	29/07/2022 17:16 (SGT)
Reported by	Both
Date of Accident	29/07/2022 14:05 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP5671R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAZAROO MATHEW JOSEPH
NRIC No	SXXXX384D
Email Address	MATHEW.LAZAROO@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-96192862
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5107890894-03

DRIVER

Name of Driver	LAZAROO MATHEW JOSEPH
NRIC No	SXXXX384D
Date Of Birth	16/07/1966
Occupation	Outdoor

Date Of Driving Pass	09/01/1989
Driving experience	33 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96192862
Alt. Phone Number	-
Email Address	MATHEW.LAZAROO@YAHOO.COM.SG
Address	58 BAYSHORE ROAD
Address complement	03-03
Postcode	469981
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	PASSENGER
Gender	Male

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

PLEASE REFER TO SKETCH PLAN ATTACHED

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	SKS9979L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
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	LAZAROO MATHEW JOSEPH
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	56
Injuries Sustained	2 DAYS MC
Injured person in which vehicle?	SKP5671R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please read the attached materials in detail before signing this report.
- 2. The information you supply on this form will be used by the ICAC and the A.T. Unit.
- 3. This report is the property of the ICAC and will be used for and appropriate as per the A.T. Unit. It is represented on or with your consent to the ICAC and the A.T. Unit.
- 4. The information you provide on this Form is insurance related and will be used for the purpose of policy liability and to assist in the investigation of the accident.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- 6. This report will be forwarded by the Insurers to the GIA Records Management Department to be distributed to the relevant Insurers.
- 7. This report is for the use of the Insurers and is not to be used for any other purpose.
- 8. By the completion of this report to the Insurers you hereby consent to the handling of this report in the manner stated above.

Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, do hereby acknowledge and consent that the ICAC and the Insurers (as defined in the Personal Data Protection Act) may use the information I have provided on this form for the purpose of the investigation of the accident and for the purpose of the handling of this report in the manner stated above. I also consent that the ICAC and the Insurers may use the information I have provided on this form for the purpose of the investigation of the accident and for the purpose of the handling of this report in the manner stated above.

I, the undersigned, do hereby acknowledge and consent that the ICAC and the Insurers may use the information I have provided on this form for the purpose of the investigation of the accident and for the purpose of the handling of this report in the manner stated above.

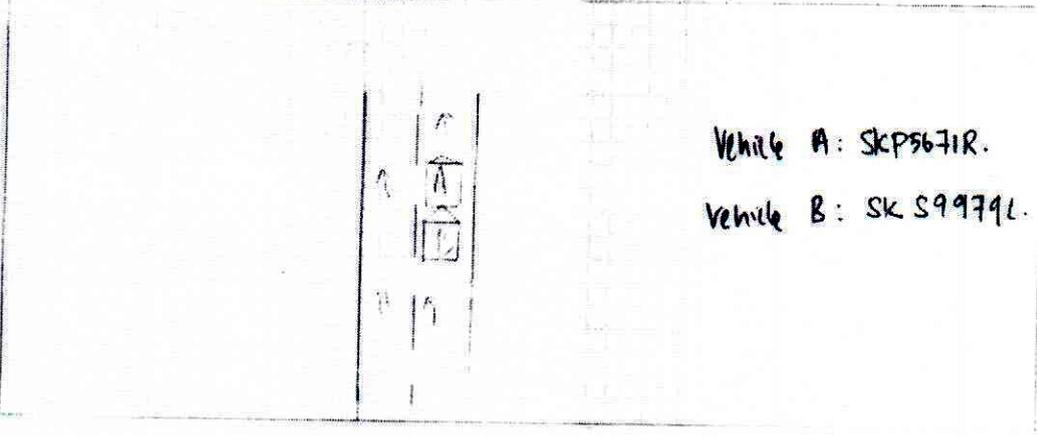
I, the undersigned, do hereby acknowledge and consent that the ICAC and the Insurers may use the information I have provided on this form for the purpose of the investigation of the accident and for the purpose of the handling of this report in the manner stated above.

[Signature]
 Name: *[Name]*

[Signature]
 Name: *[Name]*

[Signature]
 Name: *[Name]*

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I was travelling straight along Adam Rd, front vehicle slow down and I follow suit, suddenly I felt an impact from the rear and realise vehicle B has collected onto my rear portion of vehicle.

Declaration

I/we hereby declare that the information provided is true and correct.

[Signature]

[Signature]

[Signature]