

## 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 ..... 14/06/2022 14:36 (SGT)  
Reported by ..... -  
Date of Accident ..... 13/06/2022 13:50 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... TOWARDS AYE BEFORE PIE CHANGI EXIT  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKT482G

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... AHMAD LUTFI MAULA SHAMSUDIN  
NRIC No ..... S9002956H  
Email Address ..... A.LUTFI.MS@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-87526875  
Alternative Phone No ..... +65-87526875

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... Cerato  
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 ..... 1600

#### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Policy Number / Cover Note Number ..... MT/00965120

#### DRIVER

Name of Driver ..... ZAIM RASYAD BIN MOHAMMAD NIZAM  
NRIC No ..... S9501372D  
Date Of Birth ..... 15/01/1995  
Occupation ..... Indoor

Date Of Driving Pass .....	15/09/2021
Driving experience .....	9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97345102
Alt. Phone Number .....	-
Email Address .....	ZAIMRASYAD1@GMAIL.COM
Address .....	BLK 118 WOODLANDS AVENUE 5 #12-37
Address complement .....	-
Postcode .....	739019
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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 .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	3
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) .....	4
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 .....	NUR FIRMAN BIN SALMON
Gender .....	Male

#### PASSENGER 2

Name .....	MOHAMAD HAIDAR BIN HELMY
Gender .....	Male

#### PASSENGER 3

Name .....	MUHAMMAD ZAIM BIN ZAINUDIN
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

REFER TO ATTACHED  
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... GX4054J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... GBE5390R  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... -  
Contact Number ..... -  
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 ..... NUR FIRMAN BIN SALMON  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK & NECK  
Injured person in which vehicle? ..... SKT482G  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

##### INJURED 2

Name of injured person ..... MOHAMAD HAIDAR BIN HELMY  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK & NECK  
Injured person in which vehicle? ..... SKT482G

Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 3

Name of injured person ..... ZAIM RASYAD BIN MOHAMMAD NIZAM  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK & NECK  
Injured person in which vehicle? ..... SKT482G  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

INJURED 4

Name of injured person ..... MUHAMMAD ZAIM BIN ZAINUDIN  
Gender ..... -  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BACK & NECK  
Injured person in which vehicle? ..... SKT482G  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

SKETCH PLAN

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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.
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.

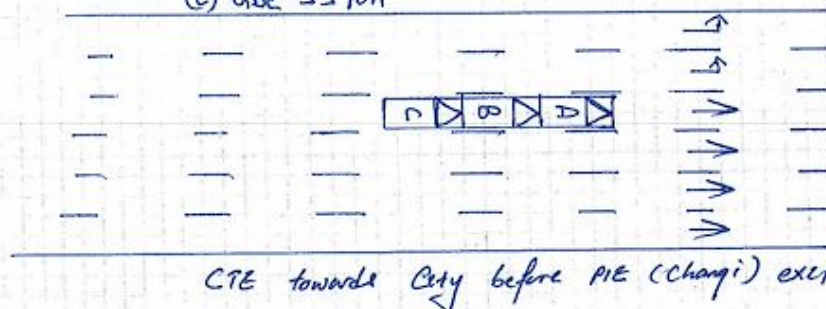
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

(A) SKT 482G.  
(B) GX 4054J.  
(C) GBE 5390R



Describe Circumstances of the Accident

I was driving straight along CTE towards AYE on Lane 4 as I am going into PIE (Changi) exit. Traffic was heavy and vehicle in front all came to a stop. I also slowed down my vehicle to a stationary position. While stationary, I felt a very great impact from my vehicle rear portion. I then got down my vehicle and realised that I was involved in a 3 cars chain collision. I have 3 passengers inside my vehicle when this accident happen.

Passenger 1 : Nur Firman Bin Salmon


Passenger 2 : Mohamad Haidar Bin Helmy.


Passenger 3 : Muhammad Zaim Bin Zainudin.

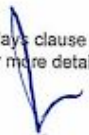
Declaration

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.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel











