

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	24/08/2022 11:41 (SGT)
Reported by	Driver
Date of Accident	23/08/2022 13:37 (SGT)
Exact Location of Accident	Near 8RM9+F4 Singapore
Additional Location Information	ALONG LORNIE ROAD TOWARDS ADAM ROAD EXIT PIE TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR371R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WIRDA BINTI SUKOR
NRIC No	SXXXX112I
Email Address	WIRDA.S@GMAIL.COM
Mobile Phone No	(Phone) +65-97397171
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1300

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10738877R00

DRIVER

Name of Driver	SUKOR BIN ABDUL RAHMAN
NRIC No	SXXXX443B
Date Of Birth	25/08/1948
Occupation	Indoor

Date Of Driving Pass	03/09/1975
Driving experience	46 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96320091
Alt. Phone Number	-
Email Address	WIRDA.S@GMAIL.COM
Address	BLK 433 JURONG WEST STREET 42 #02-520
Address complement	-
Postcode	640433
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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	GRANDDAUGHTER
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	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

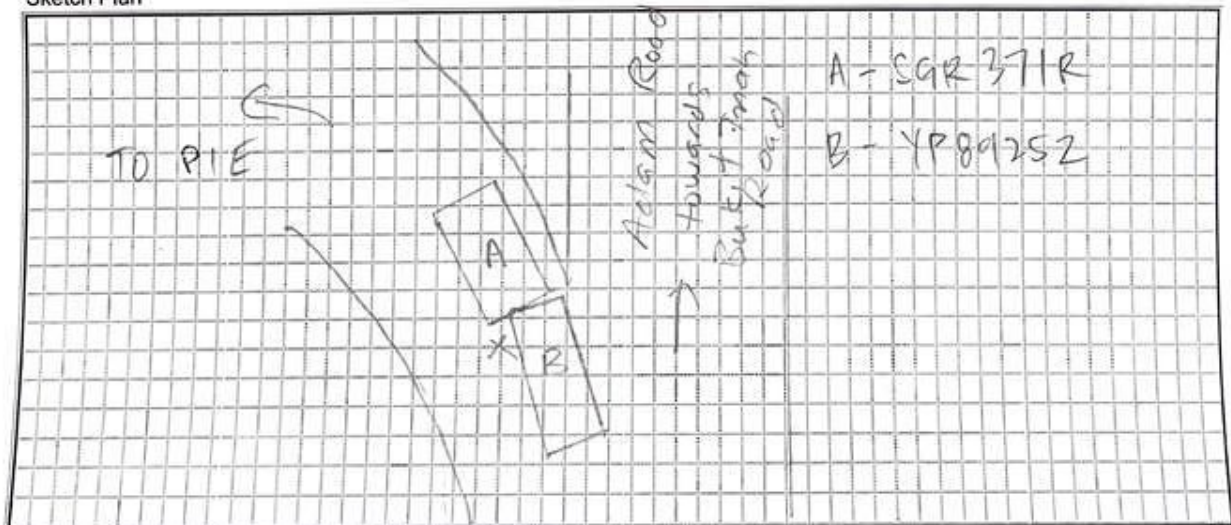
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

As attached.

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

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

[Signature]

MOHAMED RAZALI BIN HASSAN

Accident Report

Date: 23 August 2022

Time: Between 1:35 -1:37pm

Location: Adam Road (Slip Road exit to PIE Tuas)

Vehicle involve:

1. SGR371R Honda Fit Sukor Abdul Rahman
2. YP8925Z Lorry Indian National Driver

I Sukor Abdul Rahman driving along Lornie Road towards Adam Road on the 2nd left lane and exit to PIE Tuas speed is about 45 – 50Km/Hr suddenly the vehicle in front make a sudden break and turn out to Adam Rd again which is against the rules, I have no choice and step on my break. I thought I'm safe from hitting the front vehicle but the rear vehicle hit the rear part of my vehicle.

I get out of my vehicle and check whether the driver of the rear vehicle are okay. He came to me and check both vehicles I don't see anything at that time and it is just a minor scratchers left side near to the rear light. We didn't change particulars at that time only took the vehicle number of the rear vehicle and ask him to move cos afraid of traffic jam. It was unfortunate that after proper and thorough checking than I found the damage on my vehicle. It looks quite bad than I decide to make a police report.

That's all I have to say. Thank you.



























