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 witholding 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 10/09/2022 10:42 (SGT) Reported by Date of Accident 09/09/2022 14:03 (SGT) Exact Location of Accident Pasir Ris Dr 1, Singapore Additional Location Information JUNCTION TWDS LOYANG AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Hyundai

Vehicle Registration Number SFZ1801R

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MOHAMED JASMIN BIN HASHIM NRIC No S15847287 Email Address KHAMSIA@HOTMAIL.COM Mobile Phone No (Phone) +65-98562660 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Elantra 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1591

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5121012598-01

DRIVER

Name of Driver KHAMSIA BINTE SIDIK NRIC No S7224428A Date Of Birth 15/06/1972 Occupation Outdoor



Date Of Driving Pass	14/12/1972			
Driving experience	49 YEARS AND 9 MONTHS			
Gender	Male			
Mobile Number	(Phone) +65-81126360			
Alt. Phone Number	(Findle) 100-01120000			
Email Address	-			
Address	KHAMSIA@HOTMAIL.COM BLK 32 BEDOK SOUTH AVE 2 #14-313			
Address complement	BLK 32 BEDOK SOUTH AVE 2 #14-313			
	-			
Postcode Is the driver the policyholder?	460032			
	No			
If No, Relationship of the Driver with the Insured	Spouse			
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	Clear			
Road Surface	Dry			
	ы			
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)	2			
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	MR ZUL			
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?				
ii yoo, agailet mem	-			
CIRCUMSTANCES OF ACCIDENT				
INTERMITTENTLY. I CHECKED MY RIGHT SIDE WING MIRROI STATIONARY FROM A DISTANCE. HENCE, I FILTERED INTO TVEHICLE FILTERED HALF WAY THROUGH, VEHICLES IN FROABOUT 5-10 SECONDS LATER, THE VEHICLE IN FRONT OF M	ES IN FRONT OF ME WERE MOVING SLOWLY AND STOPPING R AND SAW VEHICLE B IN THE CENTER LANE WAS THE CENTER LANE WITH THE SIGNAL LIGHT ON. WHILE MY DNT OF ME SLOWED DOWN TO A STOP AND I FOLLOWED SUIT. ME MOVED AND I STARTED TO MOVE. SUDDENLY, I FELT A I FROM THE STATIONARY POSITION AND COLLIDED ONTO THE			
THORT MONT FORTION OF WIT VEHICLE AND CAUSED DAWAGES.				

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

ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE9746Y
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	VEHICLE B
No. Of Passenger (Including Driver)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Gender	MOHAMED JASMIN BIN HASHIM Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SFZ1801R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

WITNESS DETAILS

WITNESS 1

name	 MR ZUL
Phone	 (Phone) +65-98470620
Email	 _

SKETCH PLAN

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.
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- The Issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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- 6. The report will be forwarded by the insurers of the GA 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

Sketch Plan

Loyang Ave

A: SFZ 1801R

B: GBE 97 467

Toward

Loyang Ave

3 lanes.		
The traffic at that point of time was h	eavy, all vehicles in front of	f me were moving slowly
and stopping intermittently.		
I checked my right-side wing mirror	and saw veh "b" in the cente	er lane was stationary from
a distance hence I filtered into the cer	nter lane with the signal righ	nt on.
While my vehicle filtered half way th	rough, vehicles in front of n	ne slowed down to a stop
and I followed suit.		
About 5-10 seconds later, the vehicle	in front of me moved and I	started to move when
suddenly I felt a huge impact from m	y right side.	
Veh B moved out from the stationary	position and collided into the	he front right portion of my
vehicle and caused damage.	1/	
11/		
V		
	Name -	
DECLARATION		
I/We declare the foregoing particulars are true in ever	y respect.	
This	Aulux	
Policyholder's Signature D	river's Signature	Reporting Centre Personnel's Signature
700.000,000,000,000,000	f driver is not the policyholder) ate & Time:	Name: NRIC/FIN No.:

I was travelling along along Pasir Ris Dr 1 towards Loyang Ave on the extreme left lane of

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

















