# **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.

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   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 17/09/2022 12:50 (SGT) Reported by Date of Accident 16/09/2022 22:10 (SGT) Exact Location of Accident Singapore Additional Location Information CTE TOWARDS SLE Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Kia

Vehicle Registration Number SKT7352C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMAD IQBAL SOLIHIN BIN JA'AFAR NRIC No S9612765J Email Address miqbalsolihin@gmail.com Mobile Phone No (Phone) +65-85334103 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR 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 No - Reporting only your vehicle? Vehicle Category Private car Transmission Auto CC 1591

## **INSURANCE COMPANY**

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd. Policy Number / Cover Note Number SP2001681581-01

### DRIVER

Name of Driver NUR AIMAN BIN NORRAHIM NRIC No S9404234H Date Of Birth 02/02/1994 Occupation Indoor

Date Of Driving Pass 10/09/2015 Driving experience 7 YEARS Gender Male Mobile Number (Phone) +65-90044242 Alt. Phone Number Email Address aimanrahim69@gmail.com Address BLK 335 SEMBAWANG CLOSE #12-463 Address complement Postcode 750335 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **BROTHER-IN LAW** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name MD IQBAL Gender Male PASSENGER 2 Name **NUR AIMI** Gender Female PASSENGER 3 Name **RUBINAH** Gender Female PASSENGER 4 Name **NORRAHIM** 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?

## REFER SKETCH ATTACHED

CIRCUMSTANCES OF ACCIDENT

## ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Reasons for not uploading a video of the accident

TRYING TO RETRIEVE

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SFZ4177P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car 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)

SKETCH PLAN

PEHNO: OKT +352

DATE OF ACC : 16/9/22

@ 2210 hrs

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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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

Sketch Plan

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

& Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card) 5 HIVA

PLEASE
TURN

OVER

1

Claim under your Own Comprehensive policy. Pis check your policy for more information.  ) Claim Own Policy () Claim Third party () Reporting Only July () Claim Own Policy () Claim Third party () Reporting Only July () Chaim Ob/ TP at other workshop ()  ch Plan  Doa: 16/9/22 Time: 220 hrs [MS: Allian & B:SFZ H1777]  Accident Occurred on the extreme right care along CTE towneds Set. Upon noted my care 3 ahead of me jam brake T reacted the same to accide however due to Sudden noted to Teach of the same to accide however due to Sudden noted to Sudden of the same to accide however due to Sudden noted to Sudden of the same to accide however due to Sudden noted to Sudden of the same to accide however due to Sudden of the same to accide however due to Sudden of the same to accide however due to Sudden of the same condition.  No injuries on anyone I have y passeys onboard: Clear, dry weater Condition.	OCE PLEASE TAKE NOTE THAT YOUR INSURSE HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE laim under your Own Comprehensive policy. Pls check your policy for more information.  ) Claim Own Policy () Claim Third party () Reporting Only JULY ) Claim OD/ TP at other workshop (  1 Plan  A= SKT 735 2 C  B=STZ 4)77 P  B=STZ 4)77 P  ACCI dent Occupyed on the extreme vight came alloway  CTT towneds StE upon noted more and collected onto The rear of the said car.  No injuries on anyone I have 4 passegro onboard.  Clear, dry weather condition.		Lili		r eq
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