

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	23/09/2022 10:52 (SGT)
Reported by	Driver
Date of Accident	22/09/2022 11:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNC OF YIO CHU KANG RD & AMK ST 65
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YQ1216C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROSLEE TRANSPORT SERVICES
Company Reg No	5XXXX852A
Email Address	muhammadsyaukat97@gmail.com
Mobile Phone No	(Phone) +65-90814025
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	NNR85UH4A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2999

INSURANCE COMPANY

Name of Insurance Company	United Overseas Insurance Ltd
Policy Number / Cover Note Number	DHOM110174592002

DRIVER

Name of Driver	MUHAMMAD SYAUKAT BIN MOHAMED ABDUL NASSER
NRIC No	SXXXX227I
Date Of Birth	20/06/1997
Occupation	Outdoor

Date Of Driving Pass	13/06/2018
Driving experience	4 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96535707
Alt. Phone Number	-
Email Address	muhammadsyaukat97@gmail.com
Address	BLK 711 CLEMENTI WEST ST 2
Address complement	#02-217
Postcode	120711
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Raining
Road Surface	Wet

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?	Yes
Number of Passengers (Including Driver)	1
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	-

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

I WAS TRAVELLING STRAIGHT ALONG YIO CHU KANG RD ON THE RIGHT LANE OF A2-LANES RD.AT THE TRAFFIC JUNC OF AMK ST 65 THE LIGHT CHANGE TO AMBER AND INFRT OKF MY VEH JAMMED BRAKE AFTER HALF OF HER VEH OUT FROM THE STOP LINE.I CAN'T STOP ONTIME AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

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	SMC4659D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM SIU BOON
NRIC No	SXXXX579B
Contact Number	(Phone) +65-97120680
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.



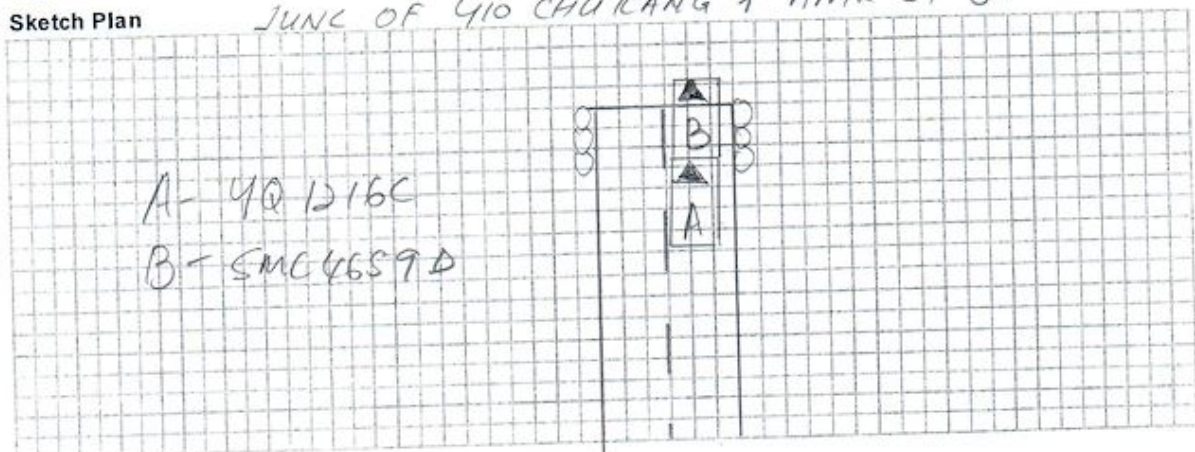
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

JUNC OF 410 CHUKANG 1 AMK ST 65



Describe Circumstances of the Accident

I was travelling straight along Yio Chu Kang Rd on the right lane of A2-lane road. At the ^{traffic} junc of Amk st 65 the light change amber and infot of my veh jammed brake after half of her veh out from the stop line. I can't stop online and my veh hit onto the rear portion of veh B.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

23/9/22

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

Sym 23/09/22

Witnessed by Reporting Centre Personnel













