# **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 06/10/2022 16:20 (SGT) Reported by Date of Accident 05/10/2022 07:15 (SGT) Exact Location of Accident Singapore Additional Location Information JUNC OF TAMPINES AVE 7 & ST 34 Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** 

Honda

Vehicle Registration Number SJK9679G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner NOOR IZWAR BIN MOHAMED NRIC No SXXXX912J Email Address izwar.mohamed@gmail.com Mobile Phone No (Phone) +65-81881005 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Freed 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 - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1500

**INSURANCE COMPANY** 

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd. Policy Number / Cover Note Number DMHCSNW00012672100

DRIVER

Name of Driver NOOR IZWAR BIN MOHAMED NRIC No SXXXX912J Date Of Birth 05/09/1967 Occupation Outdoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	06/06/1985 37 YEARS AND 4 MONTHS Male (Phone) +65-81881005 - izwar.mohamed@gmail.com BLK 134 PASIR RIS ST 11 #08-255 510134 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Raining Wet
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender	No 2 No - Yes 2  No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT.	
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	Yes Yes WITH WORKSHOP
DETAILS OF OTHER	VEHICLE PROPERTY 1

GBJ9284L

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-83096719
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

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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 Traffic Police Department for investigation.

- 6. 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.
- 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 nackages); 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.

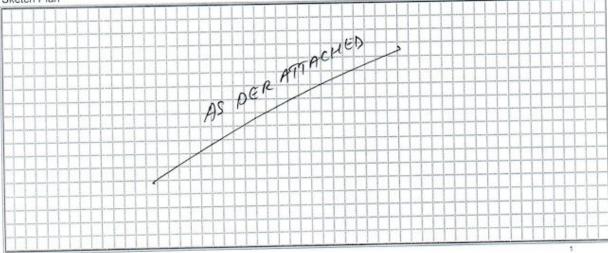
6/10/22

Policyholder's Signature / Date & Time

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

ed by Reporting Centre Personnel

### Sketch Plan

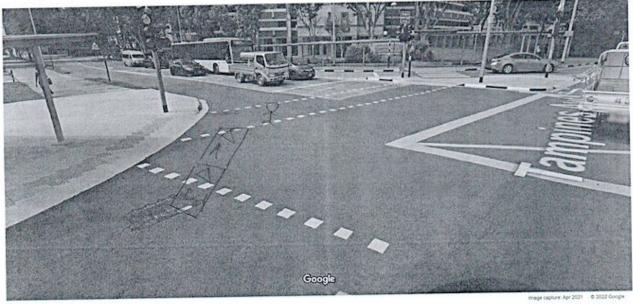


vJun2022

10/6/22, 2:01 PM

9 Tampines Ave 7 - Google Maps

Google Maps 9 Tampines Ave 7



Singapore Google JUNC OF TAMPINES AUE 7 8 ST 34



A-SUK96794 B-GBJ9284L

https://www.google.com.sg/maps/@1.3576102,103,9586419,3a,49,1y,180,33h,71,34t/data=13m611e1/3m411s0WwuUCPhmuExEdXBDAoloGt2e0t711638418i8192

2/5	refer	40	the	attached statement.
	1000			

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

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

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

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

vJun2022

### CONFIDENTIAL

Annex E

### NOTICE OF REPORTING

This is to confirm that <u>Noor Izwar Bin Mohamed</u>, NRIC/FIN <u>S1789912J</u>, has reported to the Police a non-injury traffic accident which occurred at <u>Junction of Tampines Ave 7 and Tampines St 34</u> on <u>05/10/2022</u> at <u>0715hrs</u> involving the following vehicles:

- A) SJK9679G Light blue Honda Freed
- B) GBJ9284L Green Nissan Van
- I am the vehicle owner of SJK9679G. On 05/10/2022 at 0715hrs, I was driving on the left most lane of 4-lane road at Tampines Ave 7. I then signalled my intention to turn to the left, towards Tampines St 34. As it was a green man on the traffic light, I let the pedestrians crossed first. When I stopped my vehicle at the traffic light, a van bearing registration plate number GBJ9284L hit my car from the rear. Me and the other driver then made a stop at the Esso petrol station where we exchanged contact details. The rear door of my car has a dent and there is also a slight peel off at the rear bumper. I also wish to state that when I sent my car to the workshop, I was told that the rear door is misaligned. There were no injuries and damage to government property during the accident. I do not know the driver's name but I have his mobile number (83096719).
- 2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) Nur Irdina

Date: 05/10/2022 Time: 2141hrs

S/D Ref: 84

Police Post/Unit: Pasir Ris NPC

CONFIDENTIAL















