# **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 15/11/2022 19:05 (SGT) Reported by Date of Accident 15/11/2022 08:28 (SGT) Exact Location of Accident Singapore Additional Location Information CTE TWDSCITY B4 YIO CHU KANG RD Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJU8148B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMAD SAIFULDIN BIN MUSTAPHA NRIC No S9426499E Email Address muhamadsaifuldin15@gmail.com Mobile Phone No (Phone) +65-89347804 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Honda Model Civic 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? Vehicle Category Transmission CC

No - Claiming third party Private car

Manual 1799

Private use

**INSURANCE COMPANY** 

Name of Insurance Company **ECICS Limited** Policy Number / Cover Note Number MPC22P0033100

DRIVER

Name of Driver MUHAMAD SAIFULDIN BIN MUSTAPHA NRIC No S9426499E Date Of Birth 26/07/1994 Occupation Indoor

Date Of Driving Pass	20/11/2018
Driving experience	4 YEARS
Gender	Male
Mobile Number	(Phone) +65-89347804
Alt. Phone Number	
Email Address	muhamadsaifuldin15@gmail.com
Address	739 JURONG WEST ST 73 #05-80
Address complement	-
Postcode	640739
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?	-
Vehicle Registration Number of Other Vehicle Owned by Driver	No
venicle registration rumber of other venicle owned by briver	-
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Tune of Assident	0.111.11.12
Type of Accident Weather Conditions	Collision - Head to Rear
Road Surface	Clear
Noau 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? Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle or property damaged?	No 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	SURIATI
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?	-
CIPCUMCTANGES OF ACCIPENT	
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO THE ACCIDENT SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment?	Voc
Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number	SLW3481L
Vehicle Manufacturer	-

Vehicle Model
Vehicle Variant

Vehicle Colour Vehicle Category Name of Driver NRIC No	- Private car KOH HWEE KEE S6940205D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

## **INJURED PERSONS DETAILS**

## INJURED 1

MUHAMAD SAIFULDIN BIN MUSTAPHA
_
_
-
_
-
SJU8148B
-
-
SURIATI
-
_
_

## SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 8. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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")

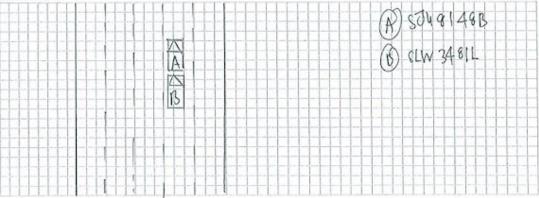
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

Pofcyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident
On 15/1-2022 at about 09:28/11s I was travelline alone CTE
Towards City Refire 410 Chu Kans enhance. The traffic was on slow
moved-thead of me there's a reliable slow down and stop of follow suit.
While maither, all of a sudden of felt an hard impact from the near.
then I realised a vehicle SLW 348/L had collided outo my vear.

Declaration

We declare the foregoing particulars are true in every respect.

Abicyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel











