

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	15/11/2022 19:05 (SGT)
Reported by	Both
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
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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	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Manual
CC	1799

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?	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	Clear
Road 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?	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) 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?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ACCIDENT SKETCH PLAN

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	SLW3481L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	KOH HWEE KEE
NRIC No	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

Name of injured person	MUHAMAD SAIFULDIN BIN MUSTAPHA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJU8148B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	SURIATI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJU8148B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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8. Consent under the Personal Data Protection Act (PDPA)

(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.

Witnessed by Reporting Centre
Personnel

A) SD48148B
 B) CLW 3481L


Describe Circumstances of the Accident

On 15/1-2022 at about 09:20hrs I was travelling along CTE
 Towards City before Yio Chu Kang entrance. The traffic was on slow
 moved. Ahead of me there's a vehicle slow down and stop & follow suit.
 While waiting, all of a sudden I felt an hard impact from the rear.
 Then I realised a vehicle SW 3481L had collided onto my rear.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time


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



Witnessed by Reporting Centre
 Personnel



















