

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	06/12/2022 16:35 (SGT)
Reported by	Both
Date of Accident	03/12/2022 07:20 (SGT)
Exact Location of Accident	Woodlands Centre Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ8698R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SAYED ISHAK S/O SAYED
NRIC No	SXXXX407E
Email Address	siraj2665@gmail.com
Mobile Phone No	(Phone) +65-94875755
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1317

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0009475

DRIVER

Name of Driver	MOHAMMED SIRAJ BIN SAYED ISHAK
NRIC No	SXXXX855I
Date Of Birth	20/06/1992
Occupation	Outdoor

Date Of Driving Pass	11/07/2013
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94875755
Alt. Phone Number	-
Email Address	siraj2665@gmail.com
Address	BLK 813A CHOA CHU KANG AVENUE 7 #02-541
Address complement	-
Postcode	681813
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	AFTER RAIN
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?	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	ZULHIZAD
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?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO 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	SLS421B
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMMED SIRAJ BIN SAYED ISHAK
Gender	Male
Phone No	(Phone) +65-94875755
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMQ8698R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 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 (Name as in NRIC/ID card)

Sketch Plan

WOODLANDS CENTRE ROAD	A	(A) SMQ 86988
	B	(B) SLS 4218

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Describe Circumstance of the Accident

I WAS TRAVELLING ALONG WOODLANDS CENTRE ROAD.
MY VEHICLE WAS STATIONARY AS THERE WAS A JAM
IN FRONT. SUDDENLY, I FELT AN IMPACT FROM THE
REAR.

Declaration

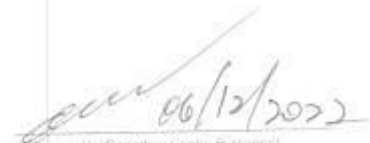
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time:



Driver's Signature / (insert if not the policyholder) / Date
& Time

 06/12/2022

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

















 Healthway Medical COMPANY REGISTRATION NO: 200001180K GST REGISTRATION NO: 200001180K BLK 475 CHOY CHU KANG AVE 3 #02-03 SINGAPORE 680475 TEL: 68926330 / FAX: 68926329		OFFICIAL RECEIPT	
NAME: MOHAMMED SIRAJ BIN SAYED ISHAK ATTENDING DR: DR LOCUM		IDENTIFICATION: 59220855 VISIT DATE: 05-12-2022	
Item	Dispensed Qty	Unit Cost	Sub Total
MEDICATION			
FASTUM 2.5% GEL 30G	1	\$88.00	\$88.00
ADMIRAL 50MG TABLET	10	\$35.50	\$355.00
ANAREX TABLET	20	\$40.00	\$800.00
CONSULTATION			
CONSULTATION	1	\$29.90	\$299.00
		SUBTOTAL CHARGE	\$571.90
		CHAS BLUE ACUTE	\$55.00
		GST @ 7%	\$42.47
		ADJUSTMENT	(\$0.00)
		TOTAL AMOUNT	\$669.37
PAYMENT			
BILL TO CHAS BLUE CHASE		05-12-2022 10:51	\$10.00
PAY BY CASH		05-12-2022 29:51	\$53.46
<small> All prices valid for 30 days from date of issue and non-transferable. This is a computer generated document that does not require a signature. </small>			
 Healthway Medical COMPANY REGISTRATION NO: 200001180K GST REGISTRATION NO: 200001180K BLK 475 CHOY CHU KANG AVE 3 #02-03 SINGAPORE 680475 TEL: 68926330 / FAX: 68926329		MEDICAL CERTIFICATE	
NAME: MOHAMMED SIRAJ BIN SAYED ISHAK VISIT DATE: 05-12-2022		IDENTIFICATION: 59220855	
This is to certify that MOHAMMED SIRAJ BIN SAYED ISHAK (59220855) is UNITED FOR DUTY for 2 days from 05-12-2022 to 06-12-2022 inclusive.			
Healthway Sunshine Family Clinic Blk 475 Choy Chu Kang Ave 3 #02-03, Sunshine Place Singapore 680475 Tel: 6892 6330 Fax: 6892 6329			
DR LOCUM General Practitioner			
Not Valid for Absence from Court Attendance This certificate is electronically generated, no signature is required.			
Ref No: 20220390501-02 <small>© 2022 Healthway Medical. All Rights Reserved.</small>			