

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 20/12/2022 17:44 (SGT)
Reported by Both
Date of Accident 20/12/2022 12:00 (SGT)
Exact Location of Accident Frankel Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLB1039E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SALIANI BINTE SANI
NRIC No S8231109B
Email Address ZAIMDUCATI@GMAIL.COM
Mobile Phone No (Phone) +65-92405168
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model X-trail
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 Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10630570R01

DRIVER

Name of Driver MOHD ZA'IM BIN SAKUWAN
NRIC No S8208149F
Date Of Birth 12/03/1982
Occupation Indoor

Date Of Driving Pass	08/11/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92405168
Alt. Phone Number	-
Email Address	ZAIMDUCATI@GMAIL.COM
Address	260C PUNGGOL WAY #03-323
Address complement	-
Postcode	823260
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
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

ON 20/12/2022 AT 10.20HRS ALONG FRANKEL AVENUE (IN FRONT OF DIFFERENT TASTE CAFE & RESTAURANTS), I PARKED MY VEHICLE A AT THE ABOVE MENTIONED LOCATION. ON 20/12/22 AT ABOUT 12.30HRS, I HAVE BEEN INFORMED THAT MY VEHICLE A WAS INVOLVED IN AN ACCIDENT. WHEN I WENT BACK TO MY VEHICLE A, ONLY THEN I REALISED THAT MY VEHICLE A WAS INVOLVED IN A TOTAL OF 4 VEHICLES CHAIN COLLISION. THE TIME OF ACCIDENT WAS AT 12:00HRS DATE 20/12/2022. I WISH TO STATE THAT THERE IS NOBODY INSIDE MY VEHICLE A.

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	SLV2251X
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJP5964H
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	VEHICLE C
No. Of Passenger (Including Driver)	-

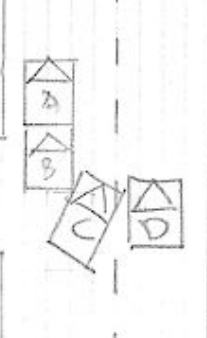
DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SML1712E
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	VEHICLE D
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.

<p><i>Saliari</i></p> <p>Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan <i>Frontal View (IN front of different dash 'case)</i></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> <p>A : SLB 1039 E</p> <p>B : SLV 2251 X</p> <p>C : SJP 5964 H</p> <p>D : SML 1712 E</p> </div> </div>		

Describe Circumstances of the Accident

On 20.12.2022 at about 10:20 hours along Frankel Avenue (In Front of Different Taste Café & Restaurants), I parked my vehicle (A) at the above mentioned location.

On 20.12.2022 at about 12:30 hours, I have been informed that my vehicle (A) was involved in an accident. When I went back to my vehicle (A), only then I realised my vehicle (A) was involved in a total of 4 vehicles chain collision. The time of accident was at 12:00 hours dated 20.12.2022.

I wish to state that there is nobody inside my vehicle (A).

Vehicle (A): SLB 1039E

Vehicle (B): SLV 2251X

Vehicle (C): SJP 5964H

Vehicle (D): SML 1712E

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

[Signature]

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

Witnessed by Reporting Centre Personnel