

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	03/01/2023 15:32 (SGT)
Reported by	Both
Date of Accident	30/12/2022 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MOUNTBATTEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6983G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FAIZAL S/O ABDUL SALAM
NRIC No	SXXXX694C
Email Address	m.faizal1187@gmail.com
Mobile Phone No	(Phone) +65-81862929
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	1997

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V12714/VPE/R00

DRIVER

Name of Driver	MOHAMED FAIZAL S/O ABDUL SALAM
NRIC No	SXXXX694C
Date Of Birth	04/11/1987
Occupation	Indoor

Date Of Driving Pass	28/02/2008
Driving experience	14 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81862929
Alt. Phone Number	-
Email Address	m.faizal1187@gmail.com
Address	BLK 6 PEACH GARDEN
Address complement	# 14-06
Postcode	437606
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?	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

PLEASE REFER TO THE ATTACHED STATEMENT

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	SLF5481M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TENG KOK ENG (DING GUORONG)
NRIC No	SXXXXX413C

Contact Number -
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**

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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)

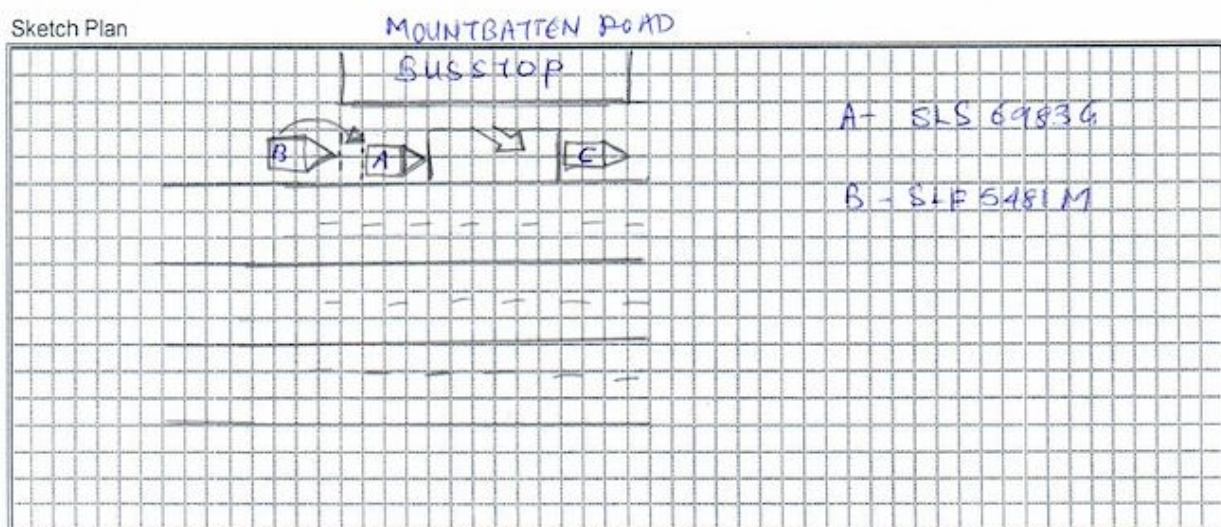
I understand, acknowledge, agree and consent that:

- (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 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.

 3/1/23
Policyholder's Signature / Date & Time

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

 31/1/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

vJun2022

1

Describe Circumstance of the Accident

I was driving along Mountbatten Road on 30 December 2022 at about 6:45 p.m. I stopped at the bus bay point as there was another car in front that had stopped due to the traffic light.

After I had stopped, a car hit me from behind.

Declaration

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

 31/1/23

Policyholder's Signature / Date & Time

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

 31/1/2023

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



























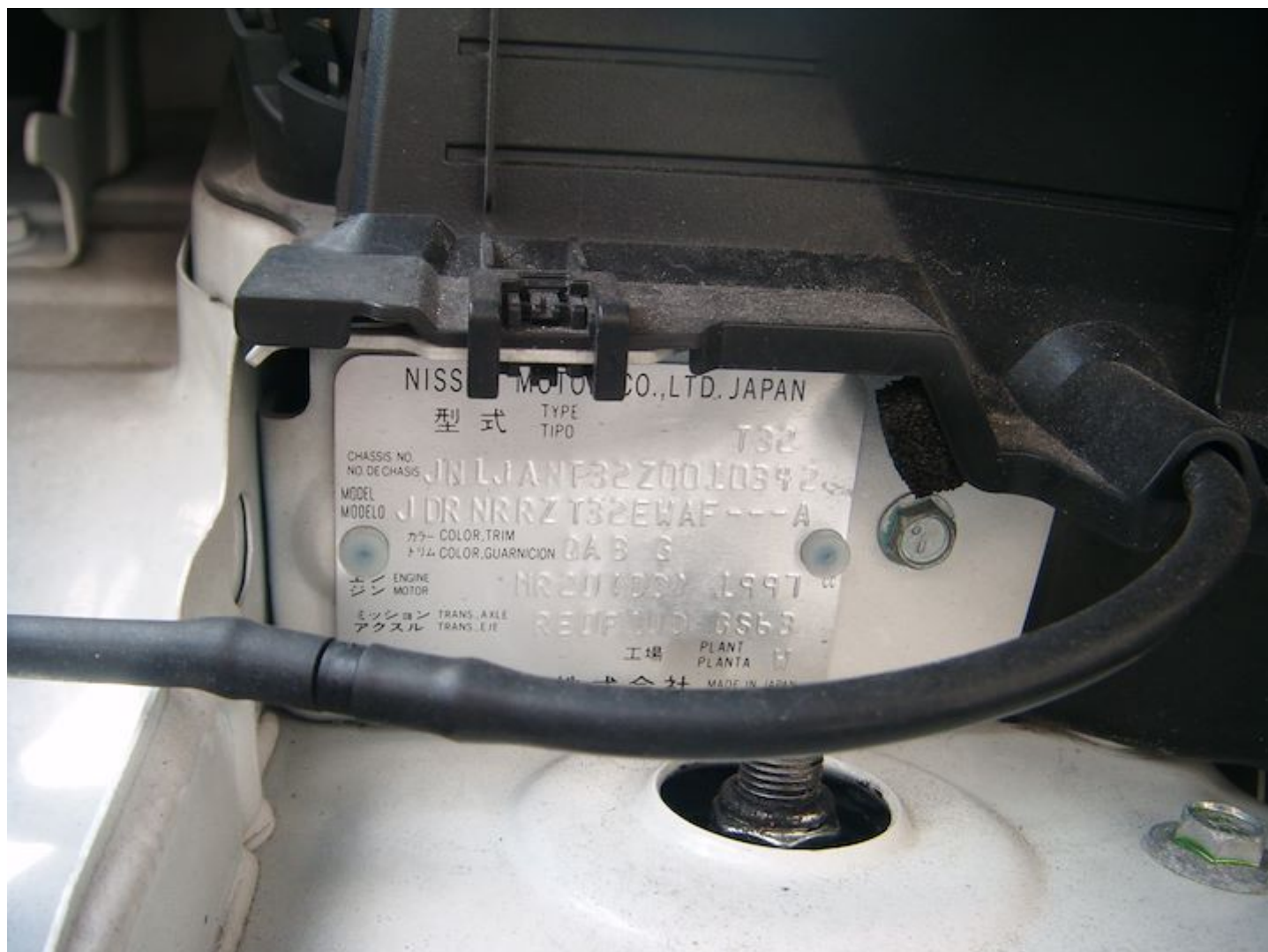














Minmed Clinic (Haig Road)

30 Haig Road
 Singapore 438737
 Minmed Group Pte Ltd
 GST and Co Reg No: 201432854H



MOHAMED FAIZAL S/O ABDUL SALAM - S8734694C
 47 MARINE CRESCENT
 #10-78
 SINGAPORE 440047

Invoice #HR254867

Date 31/12/2022

Ref No 319074

Tax Invoice

Provider: LOCUM DOCTOR

Item	Qty	Unit Cost	Sub Total
Anarex Tab	20	\$0.50	\$10.00
Arcoxia 5 days (CWC)	1		\$0.00
Arcoxia 120mg Tab	5	\$3.70	\$18.50
Famotin 40mg Tab	5	\$0.70	\$3.50
Consultation	1	\$40.00	\$40.00
Sub-Total:			\$72.00
GST 7%:			\$5.04
Adjustment:			(\$0.04)
Total:			\$77.00

Notes: DIAGNOSIS

Credit Card	\$47.00	31 Dec 2022
PayNow	\$30.00	31 Dec 2022

Outstanding Balance: \$0.00



MEDICAL CERTIFICATE

MC-2IUFI2B

REG NO.: 201432854H

NAME

MOHAMED FAIZAL S/O ABDUL SALAM

NRIC / FIN / PASSPORT

S8734694C

This is to certify that the above-named is unfit for duty for a period of 3 days from 31-Dec-2022 to 02-Jan-2023.

TYPE OF MEDICAL CERTIFICATE:

- ☐ Hospitalisation Leave
☒ Outpatient Sick Leave
☐ Maternity Leave
☐ Sterilisation Leave
☐ Time Chit

Admitted on: _____ Discharged on: _____
 Delivered on: _____
 Operated on: _____
 Time In: _____ Time Out: _____

This certificate is not valid for absence from court attendance.

Fit for light duty from NA to NA.

COMMENTS:

DIAGNOSIS: mild neckache from low impact RTA

HOSPITAL/CLINIC

Minmed Clinic (Haig Road)

WARD

NA

NAME/DESIGNATION/MCR NO

LOCUM DOCTOR

DATE

31-Dec-2022

This medical certificate is electronically generated. No signature is required.

This medical certificate was retrieved from <https://mc.gov.sg/mc/0xzwe2utqv1h1snnfth1kaz1cf>



Find out more about the Digital MC initiative at mc.gov.sg