

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	09/01/2023 17:39 (SGT)
Reported by	Both
Date of Accident	08/01/2023 20:20 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (TUAS) BEFORE SLE EXIT SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9825L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TENGKU SUHAILAH BINTE TENGKU KAMARUDIN
NRIC No	S8218421Z
Email Address	T.ADIBAH@GMAIL.COM
Mobile Phone No	(Phone) +65-91142459
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Stream
Variant	HONDA / STREAM 1.8 RSZ A
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	1799

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10724386R00

DRIVER

Name of Driver	TENGKU ADIBAH BINTE TENGKU KAMARUDIN
NRIC No	S9040180G
Date Of Birth	22/10/1990
Occupation	Indoor

Date Of Driving Pass	07/10/2022
Driving experience	3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-84286190
Alt. Phone Number	-
Email Address	T.ADIBAH@GMAIL.COM
Address	APT BLK 761 WOODLANDS AVENUE 6 #02-104
Address complement	-
Postcode	730761
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SISTER
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	3
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)	5
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	TENGGU SUHAILAH BINTE TENGGU KAMARUDIN
Gender	Female

PASSENGER 2

Name	ENGKU JANA BINTE ASHRAF, MOSTAFA HUSSEIN
Gender	Female

PASSENGER 3

Name	ENGKU DAWOOD BIN ASHRAF, MOSTAFA HUSSEIN
Gender	Male

PASSENGER 4

Name	ENGKU MUHAMMAD BIN ASHRAF, MOSTAFA HUSSEIN
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

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 SJU9945K
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKU8683K
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 TENGKU ADIBAH BINTE TENGKU KAMARUDIN
Gender Female
Phone No (Phone) +65-84286190
Address APT BLK 761 WOODLANDS AVENUE 6 #02-104
Address Complement -
Post Code 730761
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SMG9825L
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person TENGKU SUHAILAH BINTE TENGKU KAMARUDIN
Gender Female

Phone No	(Phone) +65-91142459
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG9825L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 3

Name of injured person	ENGKU JANA BINTE ASHRAF, MOSTAFA HUSSEIN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG9825L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 4

Name of injured person	ENGKU DAWOOD BIN ASHRAF, MOSTAFA HUSSEIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG9825L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 5

Name of injured person	ENGKU MUHAMMAD BIN ASHRAF, MOSTAFA HUSSEIN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMG9825L
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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

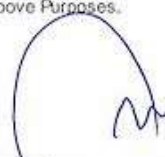
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time

Sketch Plan


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

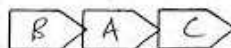
PIE (TUAS) BEFORE SLE EXIT


Witnessed by Reporting Centre
Personnel

A: SMG9825L

B: SJU9945K

C: SKU8683K




Describe Circumstances of the Accident

I (SMG9825L) WAS TRAVELLING ALONG PIE (TUAS) BEFORE SLE EXIT. VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B (SJU9945K) REAR-ENDED MY VEHICLE. THE IMPACT FORCED MY VEHICLE FORWARD TO HIT VEHICLE C (SKU8683K).

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel































