

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	07/01/2023 11:43 (SGT)
Reported by	Driver
Date of Accident	06/01/2023 17:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER CHANGI ROAD EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9544A
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CL LEASING PTE LTD
Company Reg No	201321410W
Email Address	JIAFENG@CLLEASING.COM.SG
Mobile Phone No	(Phone) +65-87209000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	1800

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111566598-03

DRIVER

Name of Driver	MUHAMMAD AFIQ BIN MOHAMED
NRIC No	S8819662G
Date Of Birth	08/06/1988
Occupation	Indoor

Date Of Driving Pass	10/05/2010
Driving experience	12 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92774057
Alt. Phone Number	-
Email Address	JIAFENG@CLLEASING.COM.SG
Address	BLK 452 TAMPINES STREET 42 #03-248
Address complement	#03-248
Postcode	520452
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	3
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	SITI
Gender	Female

PASSENGER 2

Name	ADIL
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

I WAS ON THE MIDDLE LANE WHEN THE CAR AHEAD OF ME SUDDENLY JAMMED BRAKED. I MANAGED TO BRAKED ON TIME TO AVOID THE COLLISION WITH THE CAR AHEAD. FEW SECONDS LATER SUDDENLY I FELT AN IMPACT ON MY REAR AS MY CAR WAS HIT BY A MOTORCYCLE.

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	FBJ257A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	THESEIRA KEANE RALPH
NRIC No	S9920952F
Contact Number	(Phone) +65-94517671
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

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.



Policyholder's Signature / Date & Time

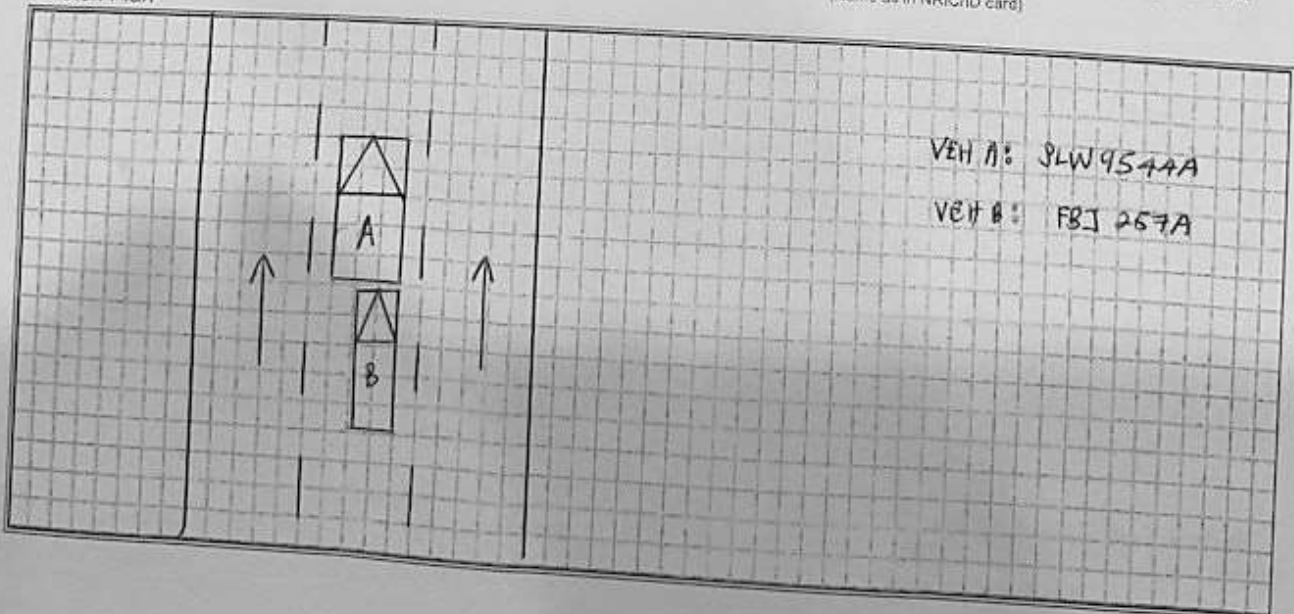
07/01/2023
1145Hrs

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

07/01/2023 1145Hrs

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) J942 991

Sketch Plan



Describe Circumstance of the Accident

REFER TO GENE REPORT

Declaration

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



07/01/2023 11:45 AM
Policyholder's Signature / Date & Time:

07/01/2023 11:45 AM
Driver's Signature (if driver is not the policyholder) / Date & Time:

07/01/2023 11:45 AM
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)













Overview

Start Trip

End Trip

General Reports

Accident Reports

Other Files

Booking Ref:
BR20230102195214

ongoing

Type: public
81b19361-5de6-4647-a08b-2cb73b30100c

ISSUE A CHARGE

ISSUE A REIMBURSEMENT

REFUND

PRINT

BOOKING DETAILS

Plate No.

SLW9544A - Grey

Vehicle Model

Wish

Location

Tampines - 450B Tampines Street 42 - S522450
Deck 4A, Lot (161 - 197)

Period

06 Jan 2023, 14:15 to 06 Jan 2023, 20:30 6 Hours And 15 Minutes

Reason Remark

CUSTOMER DETAILS

Customer

Muhammad afiq bin mohamed

Contact No.

92774057

Driving License Type

Class 3

Contact NRIC.

662G

Additional Driver

Nil

Additional Driver Contact

Nil

UNLOCK

END TRIP

TRIP DETAILS

Trip Starts On

06 Jan 2023, 2:08pm

No Smoking

No Pets

No Litter

No Durian & Odorous Items

No Unauthorised Drivers

BILLING BREAKDOWN

booking

Debit A/c

PR20230102349996

Mon, 02 Jan 2023, 17:44

View details

SGD 48.55