# **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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 04/01/2023 17:30 (SGT) Reported by Date of Accident 03/01/2023 15:03 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS AFTER PAYA LEBAR FLYOVER Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Toyota

Auto

1496

Vehicle Registration Number SLF5921K

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner MOHAMED AUTOMOBILE Company Reg No 53326419K Email Address mohdauto@yahoo.com Mobile Phone No (Phone) +65-64681322 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer

Model SIENTA 1.5X A Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission

**INSURANCE COMPANY** 

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5115504521-02

DRIVER

CC

Name of Driver MOHAMED RAPI BIN HAMID NRIC No S7103790H Date Of Birth 11/02/1971 Occupation Outdoor

Date Of Driving Pass 24/08/1993 Driving experience 29 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-82531243 Alt. Phone Number Email Address mohdauto@yahoo.com Address BLK 463A SEMBAWANG DRIVE #02-363 Address complement Postcode 751463 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 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) 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? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER ATTACHED (REPAIR BY OTHER WORKSHOP) 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 GBG624P Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

NG TECK CHUAN

S1476760F

Vehicle Category

Name of Driver

NRIC No

Contact Number	(Phone) +65-96235482
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

VEH NO. SLF 592/K
INSURER INCOME
DATE OF ACC. 03/01/23 3-03 PM

#### IMPORTANT NOTICE

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- 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 Traffic Police Department for investigation.
- 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.
- 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.

(KARSIN)

## MOHAMED AUTOMOBILE

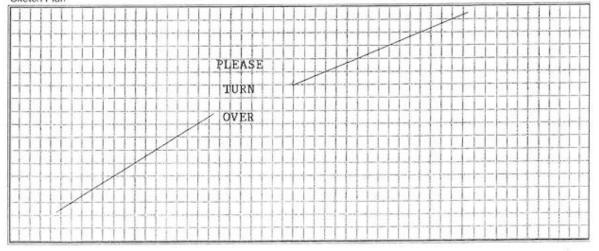
36, Woodlands Industrial Park-E-1 #01-16, Stagspore 757-700 Tal: 6468 1322 Fex: 6468 1376

Policyholder's Signature / Date & Time

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

Winessed by Reporting Oeatre Personnel (Name as in NRICriD card)

### Sketch Plan



1

Describe Circumstance of the Accide				
	E THAT YOUR INSURER HAVE 14D			DAMAGE
Claim under your Own Co	omprehensive policy. Pls check	your policy for m	ore information.	
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Declaration

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

MOHAMED AUTOMOBILE

38, Woodlands Industrial Park-E-1
801-18, Strapspore 757-700
Tel: 6488 1322 Fax: 6466 1376

Driver's Signature (if driver is not the policyholder) / Date 8 Time 4 / 01 / 23

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

2



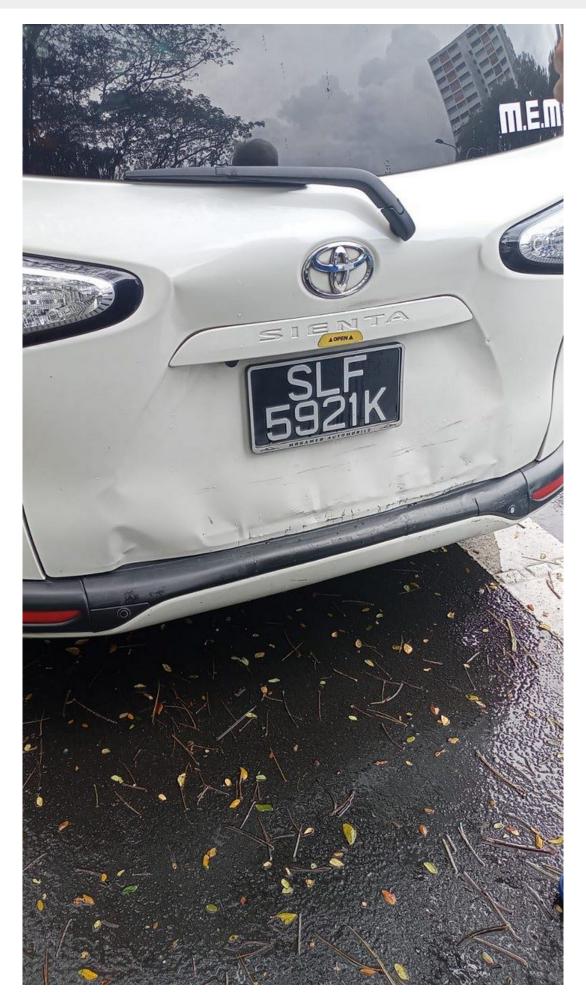




















# MOHAMED AUTOMOBILE o. 38 Woodlands Industrial Park E-1, #01-16, Singapore 757700

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				at S\$	per month	
Refer	to Veh. No.SLF	5921K DATE	18 06 21	Insurance fee to cover hired Vehicle only		
				Less Booking		
*This vehicle is restricted to SINGAPORE use only.		Total				
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(\$4,50	s:-Hirer is liable to p 00.00 if driver's age is g experience) in any	s under 24 or less t	han 2 years			
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