

231Q0001 / Volkswagen Group Singapore Pte Ltd
DATE & TIME: 26/01/2023 10:27 (SGT)
SUBMITTED BY: Huiwen Oh
SESSION: 1 (26/01/2023 10:27 (SGT))

Your NCD will be affected due to late reporting

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	26/01/2023 10:27 (SGT)
Reported by	Both
Date of Accident	24/01/2023 03:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SECOND LINK TUAS IMEGRESION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD760P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED FIRDAUS BIN ROSLI
NRIC No	SXXXX348B
Email Address	firfrankenstein@gmail.com
Mobile Phone No	(Phone) +65-89492957
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Kodiaq
Variant	Kodiaq Ambition Plus 1.4 TSI 110kW DSG
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	1400

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00948786/01

DRIVER

Name of Driver	MOHAMED FIRDAUS BIN ROSLI
NRIC No	SXXXX348B
Date Of Birth	13/10/1982
Occupation	Indoor

Of Driving Pass	11/10/2006
ing experience	16 YEARS AND 3 MONTHS
nder	Male
obile Number	(Phone) +65-89492957
Alt. Phone Number	-
Email Address	firfrankenstein@gmail.com
Address	664C JURONG WEST STREET 64
Address complement	#02-218
Postcode	643664
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	Raining
Road Surface	Wet

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)	7
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	Nadhirah Rahim
Gender	Female

PASSENGER 2

Name	Alayna Arina
Gender	Female

PASSENGER 3

Name	Airis Adira
Gender	Female

PASSENGER 4

Name	Adam Daniel
Gender	Male

PASSENGER 5

Name	Rosli Rais
Gender	Male

PASSENGER 6

Name	Abidah Sidek
Gender	Female

DETAILS OF POLICE ACTION

the accident reported to the police?
notice of intended Prosecution given?
es, against whom?

No
No
-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN267T
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	CHOO KOK LEONG
NRIC No	SXXXX239D
Contact Number	(Phone) +65-97949976
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name
Phone
Email

Nadhirah Rahim
(Phone) +65-91819500
-

Describe Circumstance of the Accident

24/1/2023

3.30 AM

Second line Tuns immigration

My car was stationary when suddenly a loud bang and my car had inch forward. Got out of car, talked to 3rd party owner and he had admitted that he had banged my car

Declaration

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

26/1/23

9.45am

A.

20/1/2023

IMPORTANT NOTICE

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.

26/1/23
9.45 am
Policyholder's Signature / Date & Time

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

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

Sketch Plan

