

# 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 .....	28/01/2023 11:44 (SGT)
Reported by .....	Driver
Date of Accident .....	27/01/2023 19:05 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SEAH IM CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKU3347P
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	JULIANA BINTE HAMID
NRIC No .....	S7331058Z
Email Address .....	julianahamid66@gmail.com
Mobile Phone No .....	(Phone) +65-83216494
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Corolla
Variant .....	ATLIS
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1598

### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number .....	MT/01154101

### DRIVER

Name of Driver .....	MOHAMED YASIN BIN MUSA
NRIC No .....	S7323925G
Date Of Birth .....	15/07/1973
Occupation .....	Indoor

Date Of Driving Pass .....	04/12/2004
Driving experience .....	18 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-94232709
Alt. Phone Number .....	-
Email Address .....	mohd_yasin@sentosagolf.com
Address .....	BLK 673 WOODLANDS DRIVE 71 #03-01
Address complement .....	-
Postcode .....	730673
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 - Major/Minor Rd
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) .....	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 .....	WIFE
Gender .....	Female

#### PASSENGER 2

Name .....	DAUGHTER
Gender .....	Female

#### PASSENGER 3

Name .....	DAUGHTER
Gender .....	Female

#### PASSENGER 4

Name .....	GRANDDAUGHTER
Gender .....	Female

#### 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

#### REFER TO SKETCH PLAN

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

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number ..... XE1914X  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... MUHAMMAD HAZIQ IZDIHAR BIN MOHAMAD IZZUL SHAH  
NRIC No ..... S9917272Z  
Contact Number ..... (Phone) +65-88185644  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**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

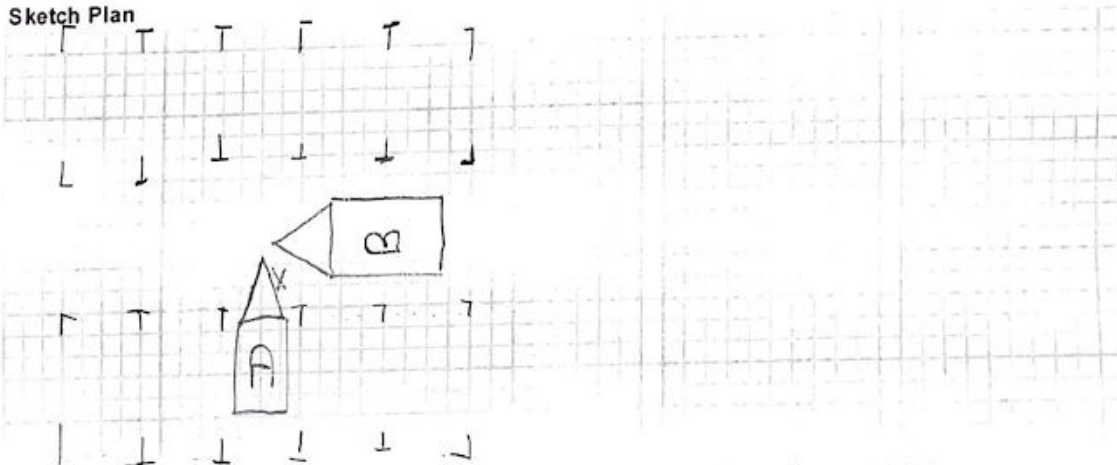
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

28/1/23  
Liam  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Seah In Carpark

A: Sku 3347P  
B: XE1914X

**Describe Circumstance of the Accident**

On 27/1/23 at about 1905hrs, I was in my vehicle at Seah in parking lots, slowly inching out from the parking lot. While checking for any on coming traffic I move off from the parking lot. Steering to the left. Subsequently, a trailer XE1914X vehicle was approaching from my right at a constant speed. I then pressed the horn to alert the driver however the driver knock onto the right front of my vehicle.

I wish to state that I do have in Car Camera in Vehicle and my video did show that my vehicle was already stationary for 2-3 second when the trailer still drive forward and collided into my front right side of my vehicle.

The driver of the trailer did admit to me that he was at fault and he wanted to do private settlement with us, however he could only make payment to us when he received his pay.

**Declaration**

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

28/01/2023  
Policyholder's Signature / Date & Time

11am

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

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