

ATTACHMEN

Are accident  
Was there



## 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	02/02/2023 09:54 (SGT)
Reported by	Driver
Date of Accident	28/01/2023 22:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LORONG 1 GEYLANG ROAD TOWARDS SIMS AVENUE
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SME4403P

#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ISMAIL BIN OTHMAN
NRIC No	S1200170C
Email Address	WATCHLOVER245@GMAIL.COM
Mobile Phone No	(Phone) +65-94363155
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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 hire
Transmission	Auto
CC	1500

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5105167883-04

#### DRIVER

Name of Driver	MUHAMMAD IYLIA BIN ISMAIL
NRIC No	S8921059C
Date Of Birth	24/06/1989
Occupation	Indoor



Date Of Driving Pass	23/07/2012
Driving experience	10 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88148758
Alt. Phone Number	-
Email Address	WATCHLOVER245@GMAIL.COM
Address	APT BLK 227 TAMPINES STREET 23 #05-177 S521227
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Change/cross lane
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?	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	IZWAN
Gender	Male

#### PASSENGER 2

Name	NORA
Gender	Female

#### PASSENGER 3

Name	NORMA
Gender	Female

#### PASSENGER 4

Name	MURNI
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 THE ATTACHED.

**\*\*NOTE: VEHICLE OWNER & DRIVER CAME TO DO REPORT ON 31/1/2023 @ 13:20HR, LATE REPORT DUE TO TECHNICAL ISSUE.**

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 ..... SNH2777X  
Vehicle Manufacturer ..... Mercedes  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... LEE YAO FU MUHAMMAD ISKANDAR SHAH BIN INAS LEE  
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 ..... MUHAMMAD IYLIA BIN ISMAIL  
Gender ..... Male  
Phone No ..... (Phone) +65-88148758  
Address ..... APT BLK 227 TAMPINES STREET 23 #05-177 S521227  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SME4403P  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

# SKETCH PLAN

## 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 Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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. The 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.
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.

Ismael 30/1/2023 @ 13:20hr

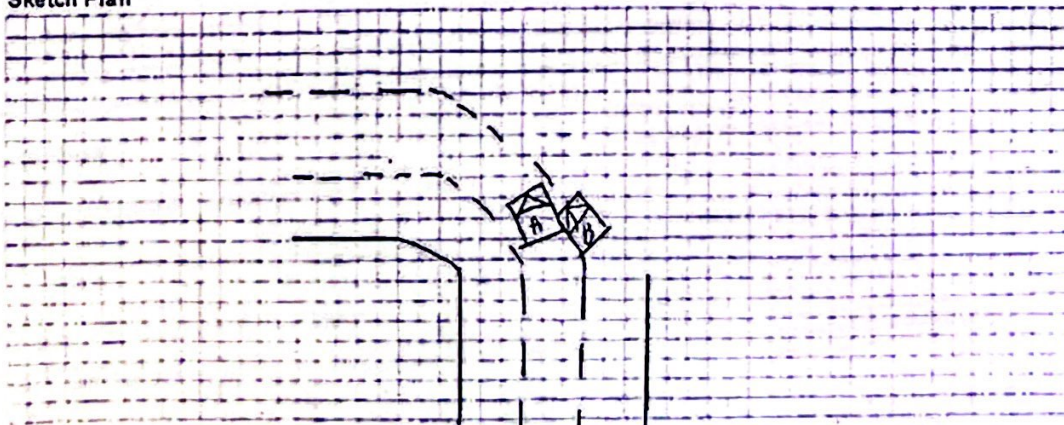
30/1/2023 @ 13:20hr

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



\* Note : vehicle owner & driver came to do report on 30.1.2023 @ 13:20hr late report due to technical issue.

Describe Circumstances of the Accident

Handwritten notes on lined paper:

- Top right: A large, stylized signature or set of initials.
- Middle: A smaller signature or set of initials.
- Bottom left: A signature.

Declaration

We declare the foregoing particulars are true in every respect.

\* Note: Vehicle owner & driver came to do report on 30.1.2023 @ 13:20hr.  
Late report due to technical issue.

Ismail 30/1/2023 @ 13:20hr  
Policyholder's Signature / Date & Time

[Signature] 30/1/2023 @ 13:20hr  
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

On the stated date and time. I, Vehicle A (SME4403P) was travelling on lane 2 from Geylang Lorong 1 Towards Sims Avenue. Suddenly I felt a huge impact from the right portion of my vehicle. After I alighted I then realise that is Vehicle B (SMH2777X) that had collided onto my vehicle while cutting into my lane from lane 3.

**Vehicle A : SME4403P**

**Vehicle B : SN H2777X**

\* Note: vehicle owner & driver  
came to do report on  
30.1.2023 @ 13:20hr.  
Late report due to  
technical issue.

30/1/2023 @ 13:20hr

