

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	16/03/2023 20:24 (SGT)
Reported by	Driver
Date of Accident	11/03/2023 07:00 (SGT)
Exact Location of Accident	Second Link Expy, Kampung Ladang, Gelang Patah, Johor, Malaysia
Additional Location Information	SECOND LINK EXPRESSWAY TOWARDS MALAYSIA
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4741T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMMED HEJAZI BIN ABDUL KHAMID
NRIC No	S8133091C
Email Address	MD.HEJAZI81@GMAIL.COM
Mobile Phone No	(Phone) +65-92772596
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2000

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5118996352-02

DRIVER

Name of Driver	NOR'AIN BINTE NORDIN
NRIC No	S8210443G
Date Of Birth	31/03/1982

Occupation	Indoor
Date Of Driving Pass	13/01/2004
Driving experience	19 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92772596
Alt. Phone Number	-
Email Address	MD.HEJAZI81@GMAIL.COM
Address	BLK 633B SENJA ROAD #13-149
Address complement	-
Postcode	672633
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 - 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)	4
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	HEJAZI
Gender	Male

PASSENGER 2

Name	AIDAN
Gender	Male

PASSENGER 3

Name	MAYA
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

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? No

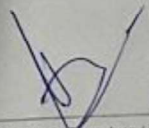
DETAILS OF OTHER VEHICLE PROPERTY 1

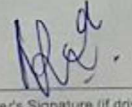
Vehicle Registration Number SMU8659H
Vehicle Manufacturer Audi
Vehicle Model -
Vehicle Variant -
Vehicle Colour Blue
Vehicle Category Private car
Name of Driver UNKNOWN
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 2

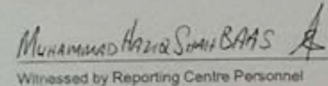
SKETCH PLAN

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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.

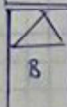

 Policyholder's Signature / Date & Time
 14/3/2015


 Driver's Signature (if driver is not the policyholder) / Date & Time
 14/3/2015


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)
 MUHAMMAD ANIS SAMI BASS

Sketch Plan
 2nd LINK CAUSEWAY TOWARDS MALAYSIA


 A


 B

A - SMD4744T
 B - SMU86591

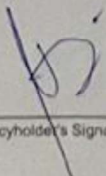
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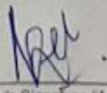
Describe Circumstance of the Accident

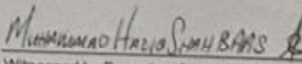
On 11/3/2023 at around 0700hrs, as I was along 2nd Link Causeway towards Malaysia, SMU 8659H collided into my rear during the heavy jam. I did not manage to exchange particulars with the driver of SMU 8659H. At the point of time filing this report, I did not file a police report as I was not made aware of it.

Declaration

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

 14/3/23 2011
Policyholder's Signature / Date & Time

 16/3/23 2015
Driver's Signature (if driver is not the policyholder) / Date & Time

 16/3/23 2015
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















