

SA10233P0002 / Auto Insure Pte Ltd [739145]  
 ENTRY DATE & TIME: 25/03/2023 14:51 (SGT)  
 SUBMITTED BY: NGIAW JIE LING  
 VERSION: 1 (25/03/2023 14:51 (SGT))

## 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 ..... 25/03/2023 14:51 (SGT)  
 Reported by ..... Actual Driver  
 Date of Accident ..... 24/03/2023 14:00 (SGT)  
 Exact Location of Accident ..... Bukit Timah Rd, Singapore  
 Additional Location Information ..... -  
 Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMQ3499G

#### INSURED/POLICYHOLDER

Is company? ..... No  
 Name Of Registered Owner ..... SALEH BIN MOHAMAD  
 NRIC No ..... S1193070J  
 Email Address ..... shaifudin93@hotmail.com  
 Mobile Phone No ..... (Phone) +65-81134814  
 Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Kia  
 Model ..... Cerato  
 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 ..... 1591

#### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
 Policy Number / Cover Note Number ..... MT/01112702

#### DRIVER

Name of Driver ..... MUHAMMAD SHAFUDIN BIN SALEH  
 NRIC No ..... S9329121B  
 Date Of Birth ..... 16/08/1993  
 Occupation ..... Indoor

Date Of Driving Pass ..... 31/07/2014  
 Driving experience ..... 8 YEARS AND 8 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-94567598  
 Alt. Phone Number ..... -  
 Email Address ..... shaifudin93@hotmail.com  
 Address ..... 144 PASIR RIS ST 11 #06-89  
 Address complement ..... -  
 Postcode ..... 510144  
 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 - 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? ..... Yes  
 Was any injured conveyed to hospital by ambulance? ..... No  
 Was any other vehicle or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 2  
 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 ..... nurul athiqah binte mohamed karim  
 Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Tanglin Division Headquarters  
 Police Station Phone No ..... (Phone) +65-18003910000  
 Alt. Police Station Phone No ..... (Fax) +65-63964900  
 Police Station Address ..... 21 Kampong Java Road Singapore 228892  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT E/20230324/7035.

#### ATTACHMENT(S)

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 .....             | GBF2487K           |
| Vehicle Manufacturer .....                    | -                  |
| Vehicle Model .....                           | -                  |
| Vehicle Variant .....                         | -                  |
| Vehicle Colour .....                          | -                  |
| Vehicle Category .....                        | Commercial vehicle |
| Name of Driver .....                          | -                  |
| 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 .....                              | nurul athiqah binte mohamed karim |
| Gender .....  | -                                 |
| Phone No .....  | -                                 |
| Address .....   | -                                 |
| Address Complement .....                                  | -                                 |
| Post Code .....   | -                                 |
| Approximate Age Years Old .....                           | -                                 |
| Injuries Sustained .....                                  | -                                 |
| Injured person in which vehicle? .....                    | -                                 |
| Were seat belts worn? .....                               | -                                 |
| Was this injured conveyed to hospital by ambulance? ..... | -                                 |

**SKETCH PLAN**

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**B. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

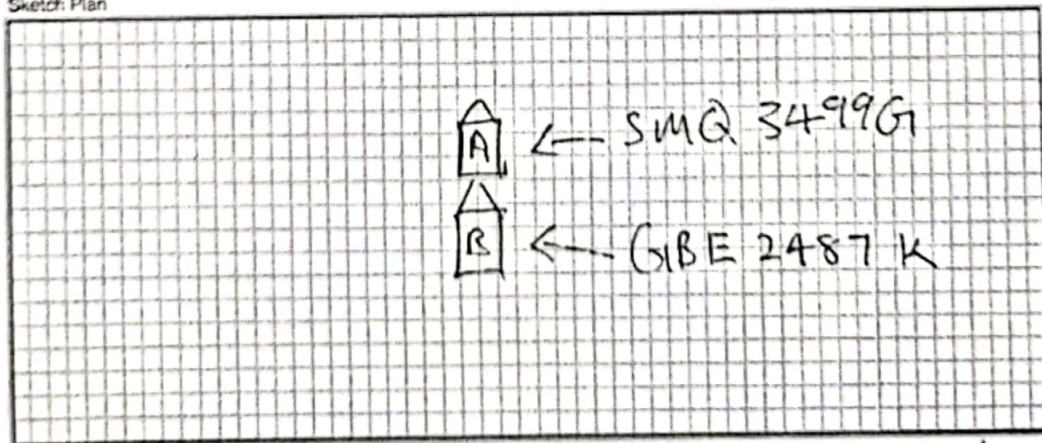
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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



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Describe Circumstance of the Accident

I WAS ~~stop~~ slowing down at the slip road and was looking out for incoming traffic then I was rear ended by the van.

**Dedication**

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

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)

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