

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	28/03/2023 12:43 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/03/2023 23:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JALAN EUNOS JUNCTION EUNOS CRESENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH8982S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD NURFIRDAUS RIDZUAN AJMA'IN
NRIC No	SXXXX601B
Email Address	FIRDAUSAJMAIN@GMAIL.COM
Mobile Phone No	(Phone) +65-93210778
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1496

INSURANCE COMPANY

Name of Insurance Company	MSIG Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	A300408344QMX

DRIVER

Name of Driver	MUHAMMAD NURFIRDAUS RIDZUAN AJMA'IN
NRIC No	SXXXX601B
Date Of Birth	14/03/1986
Occupation	Outdoor

Date Of Driving Pass	29/07/2009
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93210778
Alt. Phone Number	-
Email Address	FIRDAUSAJMAIN@GMAIL.COM
Address	94 EDGEDALE PLAINS
Address complement	#05-31
Postcode	828687
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	-

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 ATTACHMENT

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	SNB1302X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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 MUHAMMAD NURFIRDAUS RIDZUAN AJMA'IN
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMH8982S
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? -

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

NZ

JACK CARS ENTERPRISE PTE LTD
BLK 3007 UBI ROAD 1
#01-448 / 450 / 452
SINGAPORE 408701
TEL: 6746 8824 FAX: 6746 8834

Policyholder's Signature _____
Date & Time : 28/3/2023 @ 1200 hrs.

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

Witnessed by Reporting Centre Personnel _____

Sketch Plan

A - SMH8982S
B - SNB1302X

DATE: 27/3/2023

TIME: 2320 HRS.

LOCATION: Jalvin Eunos junction Eunos crescent

VEHICLE A: SMH89828

VEHICLE B: SNB 1302 X

VEHICLE C :

VEHICLE D :

NO. OF PASSENGERS : 1

I was stationary at the traffic light junction as it was red when vehicle B rear-ended my car.
I have 3 days me.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature _____
Date & Time : _____

28/3/2023
@ 1200 hrs

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

Date & Time :

JACK CARS ENTERPRISE PTE LTD

BLK 3007 UBI ROAD 1

#01-44B / 450 / 452

SINGAPORE 408701

TEL: 0740 8024 FAX: 6748 8834

Witnessed by Reporting Centre
Personnel

































