

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	06/04/2023 16:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/04/2023 15:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JB CAUSEWAY TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ5371E
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD HAIDHAR BIN MOHAMED RAFFICK
NRIC No	SXXXX391C
Email Address	haidhar.ai8@gmail.com
Mobile Phone No	(Phone) +65-91825666
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	RAIZE 1.0X CVT
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	996

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNA00094842201

DRIVER

Name of Driver	MUHAMMAD HAIDHAR BIN MOHAMED RAFFICK
NRIC No	SXXXX391C
Date Of Birth	17/01/1993
Occupation	Outdoor

Date Of Driving Pass	23/05/2017
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91825666
Alt. Phone Number	-
Email Address	haidhar.ai8@gmail.com
Address	BLK 612A TAMPINES NORTH DRIVE 1
Address complement	# 08-238
Postcode	521612
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	UMI NADIA
Gender	Female

PASSENGER 2

Name	UMAIZA
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

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	HAVEN'T RETRIEVED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR2922P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TEO CHER TECK
NRIC No	SXXXX297H
Contact Number	(Phone) +65-89466892
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident

1520hrs the accident happened. Prior to the queuing we were already in the jam for 2.5 hours. Cars were cutting queue. I had to follow the car in front closely to prevent from getting my queue cut. Since I ~~did not~~ ^{was not} wait cautious enough to give allowance between the front car I kissed the rear bumper of SLR 2922P in Malaysia, Johor, near the checkpoint. While queuing up to clear customs.

Declaration

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

Heu 5/4/23

Policyholder's Signature / Date & Time

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

James 6/4/23

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















vivo X70 Pro · ZEISS

Apr 5, 2023, 16:37