

# 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 .....	15/04/2023 14:26 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	13/04/2023 18:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	GULWAY SLIP ROAD TOWARDS AYE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKB2940H

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MOHAMMAD ZAMEER BIN MD MUSA
NRIC No .....	S8941651E
Email Address .....	zameermusa@hotmail.sg
Mobile Phone No .....	(Phone) +65-81423475
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Volkswagen
Model .....	SCIROCCO 1.4L AT TSI 1372Q5
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1390

### INSURANCE COMPANY

Name of Insurance Company .....	Etiqa Insurance Pte Ltd
Policy Number / Cover Note Number .....	MA021575

### DRIVER

Name of Driver .....	MOHAMMAD ZAMEER BIN MD MUSA
NRIC No .....	S8941651E
Date Of Birth .....	20/11/1989
Occupation .....	Indoor

Date Of Driving Pass .....	04/09/2009
Driving experience .....	13 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81423475
Alt. Phone Number .....	-
Email Address .....	zameermusa@hotmail.sg
Address .....	APT BLK 807C CHAI CHEE ROAD #13-54 (S) 463807
Address complement .....	-
Postcode .....	-
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) .....	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 WITH ATTACHED.

#### 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 .....	GV6163A
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) ..... -

**SKETCH PLAN**

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

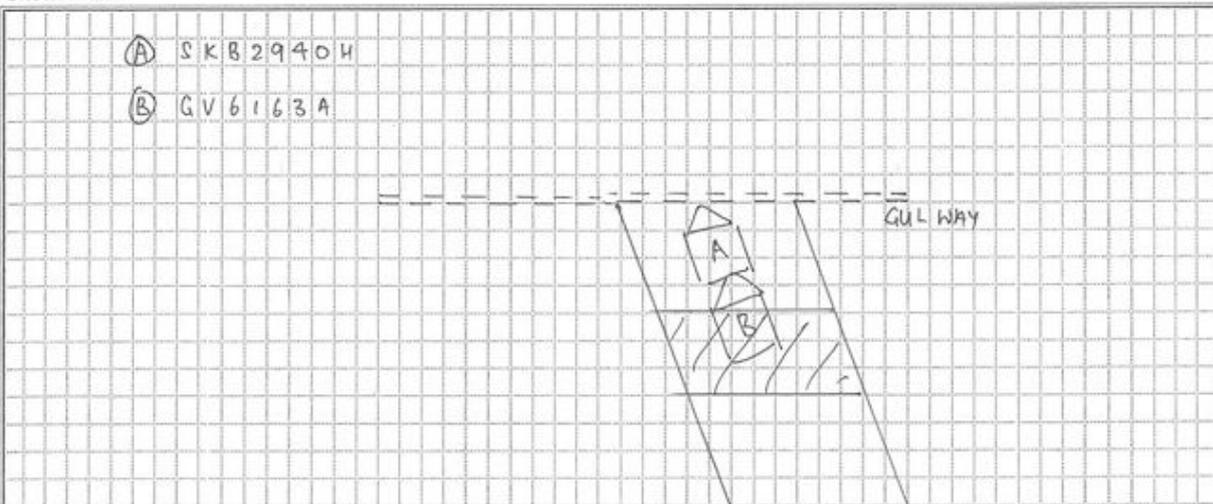
*[Signature]*  
15 APRIL 2023  
1204 HRS

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



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

**Sketch Plan**



Describe Circumstance of the Accident

I WAS TRAVELLING ALONG GUL WAY TOWARDS AYE .

AT THE SLIP ROAD , I SLOWED DOWN AND STOP TO

GIVE WAY TO TRAFFIC. SUDDENLY, I FELT AN IMPACT

FROM THE REAR. I ALIGHTED AND FOUND THAT MY

VEHICLE WAS REAR ENDED.

Declaration

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

15 APRIL 2023  
1204 HRS  
  
\_\_\_\_\_  
Policyholder's Signature / Date & Time

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



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























### INTERVIEW FORM

Name (Driver) : Muhammad Zammer Bin HD MUSA

Policy No : MA021675

Vehicle No : SEB29AHH

Place of Accident : full way slip road towards Aye

Insured Driver's relationship with Insured : Insured

Drink Driving of Insured and/or Insured Driver : No

No of passenger(s) in Insured vehicle : No

Injury to Insured and/or Insured driver, please indicate which hospital:  
No

Third Party Vehicle No (if any) : FV6163A

No of passenger(s) in Third Party Vehicle : not sure

Injury to Third Party driver and/or passenger(s), please indicate which hospital:  
No

Type of collision and the extensiveness of the damages to all vehicles/Third Party property involved:  
Head to rear

Any witness to the accident (if yes, please indicate Name, Contact No and a copy of the statement):  
No

Traffic Police report (enclosed) : Yes / No

Please obtain a copy of the driving licence of Insured driver and/or work permit (where foreign worker is involved)

Muhammad Zammer Bin  
HD MUSA  
Driver (Name & Signature) / Date

I, affirmed the above information is given to my best knowledge

  
Attended by (Name & Signature) / Date

Workshop Name: \_\_\_\_\_

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One Raffles Quay  
#22-01 North Tower  
Singapore 048583

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F +65 63392109

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Company Reg. No. 200200251

Member of  Group



MX1  
70000247  
Cov. Type: Comprehensive

### CERTIFICATE OF INSURANCE

• MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) • MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 • ROAD TRANSPORT ACT, 1987 (MALAYSIA) • MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

**CERTIFICATE No.** MA021575

1. Index Mark and Registration Number of Vehicle	SKB2940H			
2. Name of Policyholder	MOHAMMAD ZAMEER BIN MD MUSA			
3. Effective Date of Commencement of Insurance for the purposes of the Act	12/07/2022	Excess: Named Drivers	S\$	600
		Excess: Unnamed Drivers	S\$	1,100
4. Date of Expiry of Insurance	11/07/2023			
5. Persons or Classes of Persons entitled to drive		Engine No	: CAV288739	
		Chassis No	: WVVZZZ13ZBV032971	
		Hire Purchase	: Autotrust Credit Pte Ltd	

(A) THE POLICYHOLDER.  
THE POLICYHOLDER MAY ALSO DRIVE A MOTOR CAR NOT BELONGING TO HIM OR HIRED (UNDER A HIRE PURCHASE AGREEMENT OR OTHERWISE) TO HIM OR HIS EMPLOYER OR HIS PARTNER.  
(B) ANY OTHER PERSON WHO IS DRIVING ON THE POLICYHOLDER'S ORDER OR WITH HIS PERMISSION.

MOHAMMAD ZAMEER BIN MD MUSA

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle.

**6. Limitations as to Use**

USE ONLY FOR SOCIAL, DOMESTIC AND PLEASURE PURPOSES AND IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS OR PROFESSION.  
THE POLICY DOES NOT COVER:  
( i ) USE FOR HIRE OR REWARD.  
( ii ) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.  
( iii ) USE FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR BUSINESS.  
( iv ) USE FOR ANY PURPOSE IN CONNECTION WITH THE MOTOR TRADE.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these bindings.

#### Policy Owner's Protection Scheme

This policy is protected under the Policy Owner's Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the GIA / LIA or SDIC websites ([www.gia.org.sg](http://www.gia.org.sg) or [www.lia.org.sg](http://www.lia.org.sg) or [www.sdic.org.sg](http://www.sdic.org.sg)).

I/WE HEREBY CERTIFY that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

GOPLTY 13/07/2022 16:07:37



For and on behalf of **Etiqa Insurance Pte. Ltd.**  
Approved Insurer

Authorised Signature