

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	17/04/2023 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/04/2023 18:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TOWARDS PAYA LEBAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS6709U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MUHAMMAD IZWANDI BIN ZAINOR
NRIC No	[REDACTED]
Email Address	[REDACTED]
Mobile Phone No	[REDACTED]
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
Variant	B.M.W. / 316i 1.6 AT D/AB 4DR ABS HID
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	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135143579

DRIVER

Name of Driver	MUHAMMAD IZWANDI BIN ZAINOR
NRIC No	[REDACTED]
Date Of Birth	[REDACTED]
Occupation	Indoor

A horizontal bar chart with two categories on the y-axis: 'Yes' and 'No'. The x-axis represents the percentage of respondents, ranging from 0 to 100. The 'Yes' bar is dark blue and extends to approximately 85%. The 'No' bar is light blue and extends to approximately 15%.

Response	Percentage
Yes	85%
No	15%

Type of Accident
Weather Conditions
Road Surface

Chain Collision
Clear
Dry

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)
soliciting/offering accident claims assistance?

Translator's name

Translator's ID

Translator's phone number

Translator's email

Original language used in the statement

No
2
No
-
Yes
2
No
-
-
-
-
-

Name

Gender

NURDIYANA
Female

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

No
No
-

PLEASE REFER TO THE SKETCH PLAN.

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes
No

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model
Vehicle Variant

SMV2939J

Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	NG WEI SHENG
NRIC No	S8724992A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR3728C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	MUHAMED SAABAN BIN AB RAZAK
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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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.

 17/4/23
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

	<p>A - SKS6709U</p> <p>B - SMV2939J</p> <p>C - SLR3728C</p>
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vJun2022

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Describe Circumstance of the Accident


Soon Lee
Choon

I was travelling along KPE towards Paya Lebar on 15/04/23 @
about 1830 hrs. It was heavy traffic and the vehicle in front came
to a stop. My vehicle had come to stationary. When the vehicle
behind suddenly bang on to my vehicle pushing it forward
causing a chain accident.

Soon Lee Choon

Declaration

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

 17/4/23

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)













