

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	24/04/2023 15:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	22/04/2023 12:50 (SGT)
Exact Location of Accident	725 Tampines Street 71, Singapore 520725
Additional Location Information	BLK 725 TAMPINES STREET 71 LOADING / UNLOADING AREA SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB5163P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ABDUL QAYUM BIN OTHMAN
NRIC No	S8822175C
Email Address	KAIAMAKUSA@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97847398
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Elantra
Variant	HYUNDAI / ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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/01053498

DRIVER

Name of Driver	FARZAANA BINTE MOHD
NRIC No	S8937300Z
Date Of Birth	12/10/1989

Occupation	Indoor
Date Of Driving Pass	19/03/2010
Driving experience	13 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-92308927
Alt. Phone Number	-
Email Address	ELLIOTZ03@HOTMAIL.COM
Address	BLK 725 TAMPINES STREET 71 04-169 SINGAPORE 520725
Address complement	-
Postcode	520725
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Hit and run / Vandalism / Damaged whilst parked
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)	0
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 ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	XE4186K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	TEO KIAN GUAN
Contact Number	(Phone) +65-93374918
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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(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.

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


A: SKB5163P
B: XE4186K


Describe Circumstance of the Accident


My car was parked at BIK 725 Tampines Street 71 Loading/ unloading area on 22/04/2023 at about 1240pm. After putting my kids at home, I went down back to my car and found out that my car rear left portion was damaged. Vehicle B driver then walked over and told me that he collided onto my vehicle. we exchange particulars and left the scene.

Declaration

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)























