

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	19/04/2023 12:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	18/04/2023 18:27 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	MCE KPE BEFORE KPE ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH454R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	MOHAMED ASYRAF BIN MOHAMED AKBAR
NRIC No	S9218756Z
Email Address	mohamed.asyraf@gmail.com
Mobile Phone No	(Phone) +65-97397946
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	3
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	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133786923

DRIVER

Name of Driver	MOHAMED ASYRAF BIN MOHAMED AKBAR
NRIC No	S9218756Z
Date Of Birth	04/06/1992
Occupation	Indoor

Date Of Driving Pass	29/06/2012
Driving experience	10 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97397946
Alt. Phone Number	-
Email Address	mohamed.asyraf@gmail.com
Address	100 FLORA ROAD #01-66 EDELWEISS PARK CONDOMINIUM
Address complement	-
Postcode	509743
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
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	Passenger
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

REFER TO SKETCH PLAN

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	FILE SIZE TOO BIG TO BE UPLOADED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5984S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	SARKAR MILON CHANDRA
Passport No/FIN	G8471813R
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Male

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLT8913R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LEONG KOK LEONG
NRIC No	S7306813D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAMED ASYRAF BIN MOHAMED AKBAR
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SNH454R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	PASSENGER
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-

Injuries Sustained	-
Injured person in which vehicle?	SNH454R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 19/04/2023 / 12:02

Report No: MT/ _____

D.O.A: 18/04/2023
Time: 18:27 hrs

Vehicle No: SNH454R

Reporting Type: _____

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' 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.

19/04/23 / 12:02

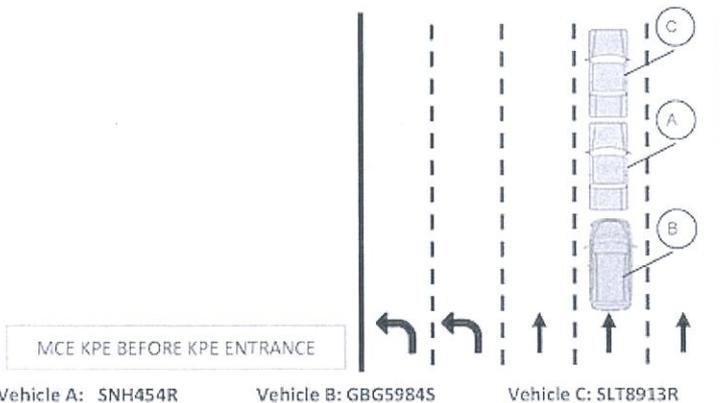
Policyholder's Signature / Date & Time

19/04/23 / 12:02

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

Tang Chun Kiet (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



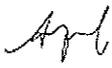
SKETCH PLAN #2

Describe Circumstances of the Accident

I was travelling straight ahead behind vehicle C. As vehicle C slowed down and stopped, I slowed down also and came to a complete stop. Moments after, vehicle B hit into the rear of my vehicle A. The impact pushed my vehicle A forward and caused my vehicle A to bump into the rear of vehicle C. Hence, in total, there were 3 vehicles involved in this chain collision.

Declaration

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


19/04/23 / 12.02
Policyholder's Signature - Date & Time

19/04/23 / 12.02
Driver's Signature (if driver is not the policyholder) - Date & Time

Tang Chun Kiet (S098825)
Customer Care Executive 
Motor Service Centre
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)