

# 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 .....	08/05/2023 17:13 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	06/05/2023 23:00 (SGT)
Exact Location of Accident .....	Bayfront Ave, Singapore
Additional Location Information .....	TWDS TEMASEK AVE BEFORE RAFFLES AVE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLW4176L
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SAZALI BIN SULAIMAN
NRIC No .....	S8408108F
Email Address .....	ZALI.SULAIMAN@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96421782
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-hr
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 .....	1800

### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC23A00034500

### DRIVER

Name of Driver .....	SAZALI BIN SULAIMAN
NRIC No .....	S8408108F
Date Of Birth .....	24/03/1984
Occupation .....	Indoor

Date Of Driving Pass .....	22/07/2008
Driving experience .....	14 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96421782
Alt. Phone Number .....	-
Email Address .....	ZALI.SULAIMAN@GMAIL.COM
Address .....	BLK 275A JURONG WEST ST 25 #10-129
Address complement .....	-
Postcode .....	641275
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 .....	Raining
Road Surface .....	Wet

#### 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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	NADIAH BINTE MIS ARI
Gender .....	Female

#### PASSENGER 2

Name .....	NAILA AYRA BINTE SAZALI
Gender .....	Female

#### PASSENGER 3

Name .....	MIKAIL REDZA BIN SAZALI
Gender .....	Male

#### PASSENGER 4

Name .....	KHAIRY RAYYAN BIN SAZALI
Gender .....	Male

#### 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

ON 06/05/2023 AT ABOUT 2300HRS, AT ALONG BAYFRONT AVE TOWARDS TEMASEK AVE BEFORE RAFFLES AVE, I WAS TRAVELLING ON THE EXTREME LEFT LANE OF THE ABOVE-MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOWED DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE TO HIT ONTO THE FRONT VEHICLE C. AFTER I ALIGHTED, I REALISED THAT IT WAS VEHICLE B THAT HIT ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF 3 VEHICLES INVOLVED. I HAVE 4 PASSENGERS ONBOARD. AFTER THE ACCIDENT, WE FELT DISCOMFORT AND WE WERE CONVEYED TO THE HOSPITAL VIA AMBULANCE.

#### 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 ..... SNA5711C  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE B  
No. Of Passenger (Including Driver) ..... -

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SNK5578T  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Private car  
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... VEHICLE C  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... SAZALI BIN SULAIMAN  
Gender ..... Male  
Phone No ..... -  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLW4176L  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... Yes

## INJURED 2

Name of injured person .....	NADIAH BINTE MIS ARI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLW4176L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## INJURED 3

Name of injured person .....	NAILA AYRA BINTE SAZALI
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLW4176L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## INJURED 4

Name of injured person .....	MIKAIL REDZA BIN SAZALI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLW4176L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

## INJURED 5

Name of injured person .....	KHAIRY RAYYAN BIN SAZALI
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLW4176L
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

# 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.

Policyholder's Signature / Date & Time

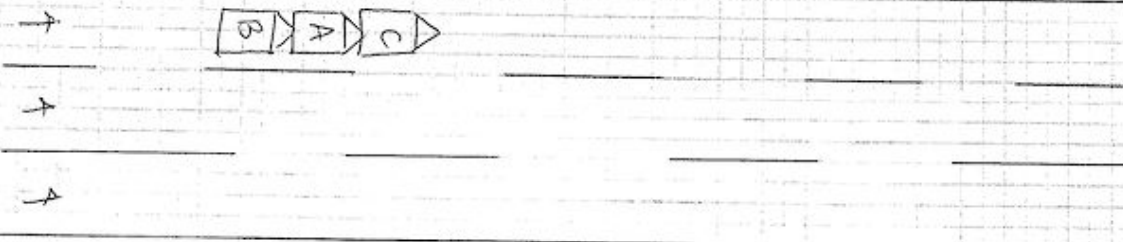
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

at along Bayfront Ave towards

Tanah Merah before Raffles Ave.



(A) SLW4176L  
(B) SNA5711C  
(C) SNK 5578T

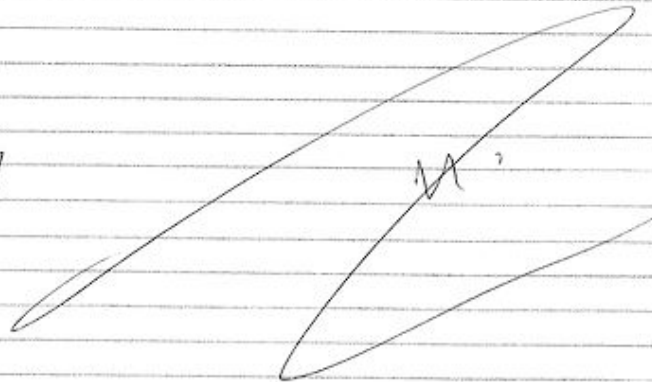
## Describe Circumstances of the Accident

On 06/05/2023 at about 2300hrs at along Bayfront Avenue forward Temasek Avenue before Raffles Avenue. I was traveling on the extreme left lane at the above mentioned road and when my front vehicle slowed down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle to hit onto the front vehicle(s) in front of me. After I alighted, I realised that it was vehicle(s) that hit onto the rear portion of my vehicle(A) causing damages to my vehicle. It was a chain collision of 3 vehicles involved. I have 4 passengers onboard. After the accident, we felt discomfort and we were conveyed to the hospital via ambulance.

(A) SLW41762

(B) SNA5711C

(C) SNK55787



## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel