# **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 witholding 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.

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   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 10:39 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 06/05/2023 13:40 (SGT) Exact Location of Accident KPE, Singapore Additional Location Information TWDS ECP Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SJJ3719U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner MUHAMMAD SYAFIQ BIN FADZIL NRIC No S9536991Z Email Address MHDSYFQFDZL@GMAIL.COM Mobile Phone No (Phone) +65-91448915 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Mitsubishi Model Lancer 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 Yes your vehicle? Vehicle Category Private car Transmission Auto

**INSURANCE COMPANY** 

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10802153R00

2000

DRIVER

CC

Name of Driver MUHAMMAD SYAFIQ BIN FADZIL NRIC No S9536991Z Date Of Birth 17/10/1995 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	10/03/2016 7 YEARS AND 2 MONTHS Male (Phone) +65-91448915 - MHDSYFQFDZL@GMAIL.COM BLK 309 CANBERRA ROAD #02-121 - 750309 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
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  PASSENGER 1  Name  Gender	No 2 No - Yes 2 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
VEHICLE B SUDDENLY BRAKE AND STOP. I BRAKE BUT COUPORTION.	LD NOT STOP IN TIME AND COLIDED INTO VEHICLE B REAR
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes Yes
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number 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)	1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

- 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.
- 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:

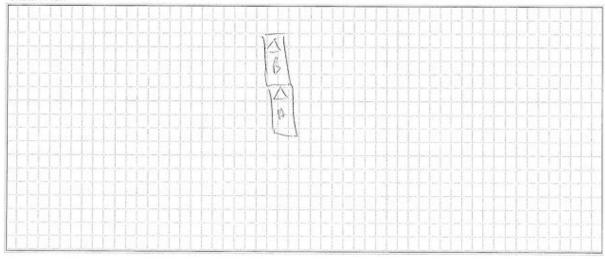
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 (Name as in NRIC/ID card)

#### Sketch Plan

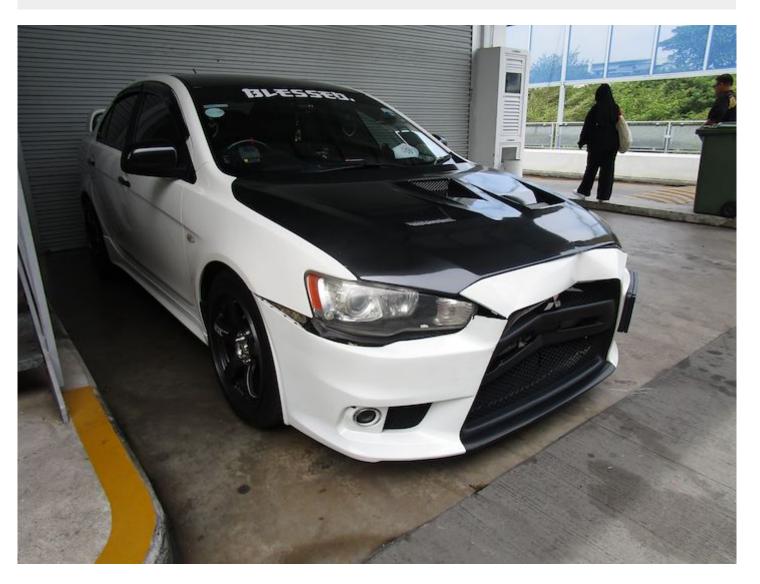


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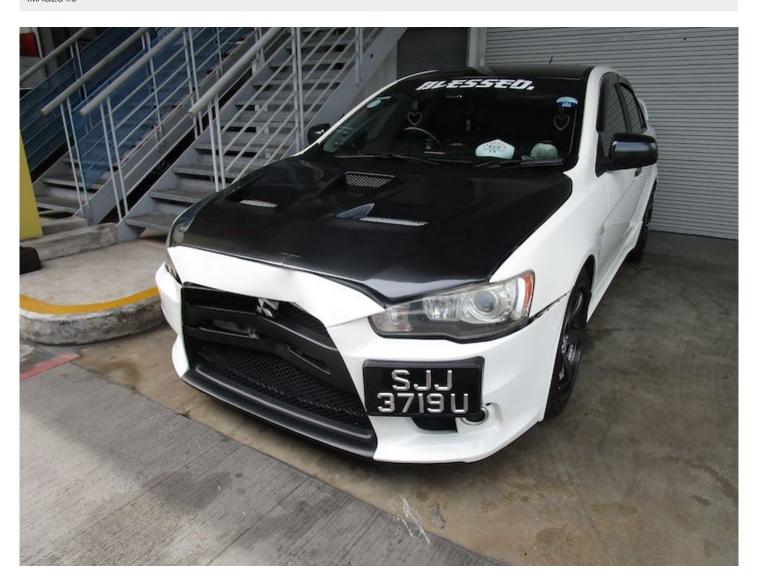
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It pays to choose



# Policy Schedule

Comprehensive Car Policy Policy Number: P10802153R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

Policy Number : P10802153R00 Policy Issued On : 29/09/2022

Policy Start Date : 30/09/2022 (00:00) Policy End Date : 29/09/2023 (23:59)

Cover

Type of Cover Comprehensive / Named Driver Plan

Optional Cover(s) Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)

SS 600.00

Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen S\$ 100.00 Named Driver below 25 years old 5\$ 500.00 \$\$ 500.00

Named Driver with less than 2 years' valid driving licence Premiums

Gross Premium S\$ 1,444.50 7% GST S\$ 101.12 Total Premium Payable S\$ 1,545.62

Policyholder

Name MUHAMMAD SYAFIQ BIN FADZIL

Address 309 CANBERRA ROAD #02-121 Singapore 750309

Email Address mhdsyfqfdzl@gmail.com

Mobile Number 91448915

Main Driver

Name MUHAMMAD SYAFIQ BIN FADZIL

Date of Birth 17/10/1995 Gender / Marital Status Male / Single

Occupation Worker/ Skilled Worker: (Civil Servant/ Private sector)

Certificate of Merit Yes

Licence Held For More than 5 years

No. of Claims/Accidents (Last 3 Yrs) 0 At-Fault and 0 Not At-Fault

Vehicle Insured

Vehicle Registration Number SJJ3719U

Chassis Number JMYSTCY4A8U005625 Make & Model Mitsubishi Lancer EX 2.0

Vehicle Colour White Year of First Registration 2008 Sum Insured Market Value Off-Peak Car No

10% Vehicle Usage Private and Commuting

Modifications Declared None

NCD

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

No. of Claims/Accidents Licence (Last 3 Years) Driver(s) Date of Birth Held For At-Fault Not At-Fault SUMIYATI BINTE SUDARMA 11/06/1972 More than 5 years 0 0