

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	12/05/2023 17:42 (SGT)
Reported by	Actual Driver
Date of Accident	11/05/2023 21:30 (SGT)
Exact Location of Accident	Jalan Sultan Iskandar CIQ Jb - Singapore, Kim Teng Park, 80300 Johor Bahru, Johor, Malaysia
Additional Location Information	TOWARDS SINGAPORE CHECK POINT
Country/State of Loss	Malaysia

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA4001Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	FAZEELA BEEVI D/O SHAMSUDDEEN
NRIC No	SXXXXX714D
Email Address	robinsbstn59@gmail.com
Mobile Phone No	(Phone) +65-90619630
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MPC0001902_04

DRIVER

Name of Driver	ROBINSON S/O PANACKAL V SEBASTIAN
NRIC No	SXXXXX431A
Date Of Birth	22/02/1959

Occupation	Indoor
Date Of Driving Pass	07/09/1987
Driving experience	35 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91465156
Alt. Phone Number	-
Email Address	robinsbstn59@gmail.com
Address	BLK 485B CHOA CHU KANG AVENUE 5 #05-114
Address complement	-
Postcode	682485
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	Side Swipe
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)	1
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

PLEASE REFER TO SKETCH PLAN

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	SJL8810U
Vehicle Manufacturer	Mazda
Vehicle Model	5
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG ZENG KAI

Contact Number	(Phone) +65-96861853
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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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

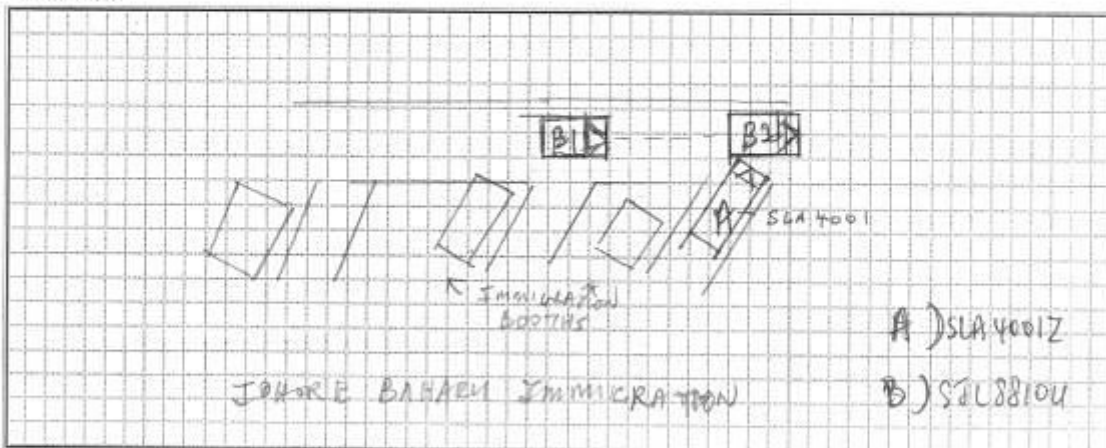
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



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Describe Circumstance of the Accident

AT 2130HRS, I ROBINSON S/O PANACKAL V. SEBASTIAN, was driving car SLA 400Z after a visit to Johore Bahru, Malaysia. I had just cleared immigration at the Johore checkpoint. Finding that the road ahead was clear I moved towards the lane leading to the Causeway. My car was partially out on ~~the~~ this road and my speed was not more than 10 km/h as I was stationary before that. Upon filtering into this road, a white Mazda 5 car bearing Reg No: SJL 8810 H, driven by 24 year old Ng Zen Kai (name given to me) came at great speed (about 60 km/h) down this road. ~~and~~ He tried to ~~press~~ ^{press} brake and avoid hitting me. He swerved to his left but there was a kerb there. He could not avoid swiping the rear right side of his car against the ~~front~~ left side of SLA 400Z. ~~The~~ Both cars came to a stop. I pulled my car back into the lane I exited from and exchanged details. This morning the driver of the other car called to say that he was at an authorized NTUC (Insurers for his car) and was quoted \$650 to respray ~~his~~ ^{the} damage scratches on his car. I told him that the scrapes were minor and he could get his car sprayed in Malaysia for less than one quarter of the price since they were minor. He requested for details of two Malaysian workshop. I tried to contact him but to no avail. ^{Reluctant}. I am in no way responsible for the other driver's reckless, inconsiderate driving and do not want my Insurance company to pay out to him. Also I feel that the workshop that he went to is overpricing the cost of repairs. That's all Reluctant.

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)

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