# **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.

  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 16/06/2023 16:01 (SGT) Reported by **Actual Driver** Date of Accident 15/06/2023 06:30 (SGT) Exact Location of Accident Singapore Additional Location Information MCE TOWARDS ECP CHANGI Country/State of Loss Singapore **DETAILS OF OWN VEHICLE** Vehicle Registration Number PC9197B INSURED/POLICYHOLDER

Nissan

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No	Yes SIANG HOCK CAR RENTAL PTE LTD 2XXXXX271R CAR.RENTAL@SIANGHOCK.COM.SG (Phone) +65-98792002
Alternative Phone No	(Phone) +65-98792002 -

### VEHICLE PARTICULARS

Manufacturer

Model Variant	Nv350
Exact purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to	Private use
your vehicle? Vehicle Category	No - Reporting only Commercial vehicle
Transmission CC	Auto 2488

#### **INSURANCE COMPANY**

Name of Insurance Company	MS First Capital Insurance Ltd
Policy Number / Cover Note Number	D-23100904MFBP/18

#### DRIVER

Name of Driver	MUHAMMAD LUQMAN HAKIM BIN MOHD AZHARI
NRIC No	SXXXX651C
Date Of Birth	21/05/1998
Occupation	Outdoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address 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	26/08/2020 2 YEARS AND 10 MONTHS Male (Phone) +65-90622116 - CAR.RENTAL@SIANGHOCK.COM.SG APT BLK 429 PASIR RIS DRIVE 6 #10-01 10429 No Employee No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collided into Property 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	No 1 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	No No -
PLEASE REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?  DETAILS OF OTHER	Yes No VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	HIGHKERB Government -

Contact Number

Address	 	<u>-</u>
Address complement		
Postcode		
Insurance Company Name		<u>-</u>
Nature Of Damage	 	<u>-</u>
Details of property damaged in accident		<u>-</u>
No. Of Passenger (Including Driver)		

Describe Circumstances of the Accident
15 100 10000 around 06 30 Am I was driving along the MCE towards the ECP Changi. I
accidentally dozed off into the high kerb while turning and graced the vehicle.
No one was Injured and no public property was damaged
No one was injured one to prove page 1

## Declaration

IM/e declare the foregoing particulars are true in every respect.

Policyholder Signature / Date &

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

Witnessed by Reporting Centre Personnel

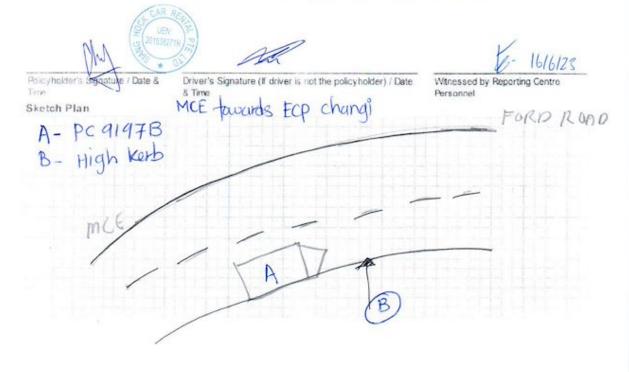
#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1 Hease report correctly the details of the accident to speed up the claims process
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful inscrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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. The report will be forwarded by the insurers of the GA 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 ladgement 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)

Lunderstand, acknowledge, agree and consent that

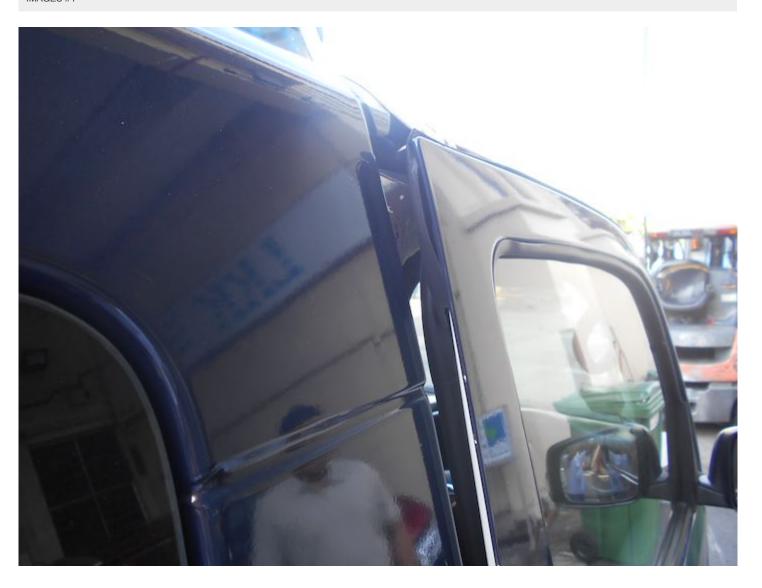
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose analyze process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively 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 law yers/faw 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.





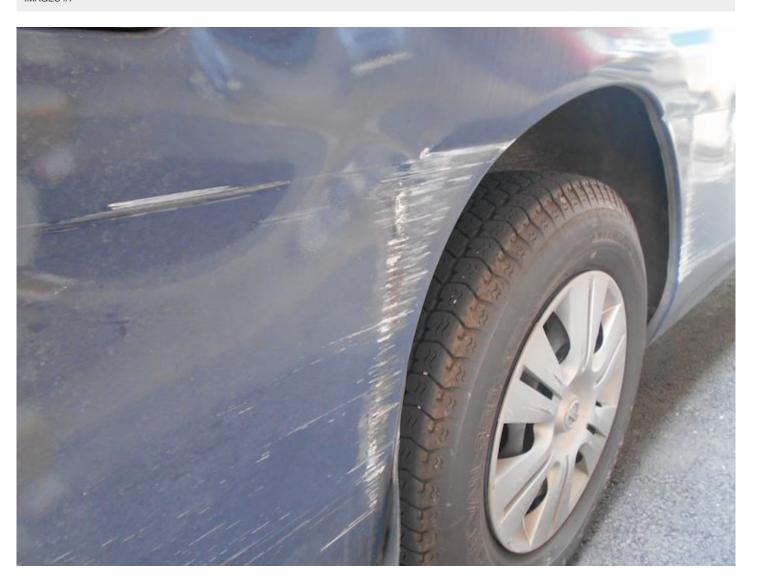


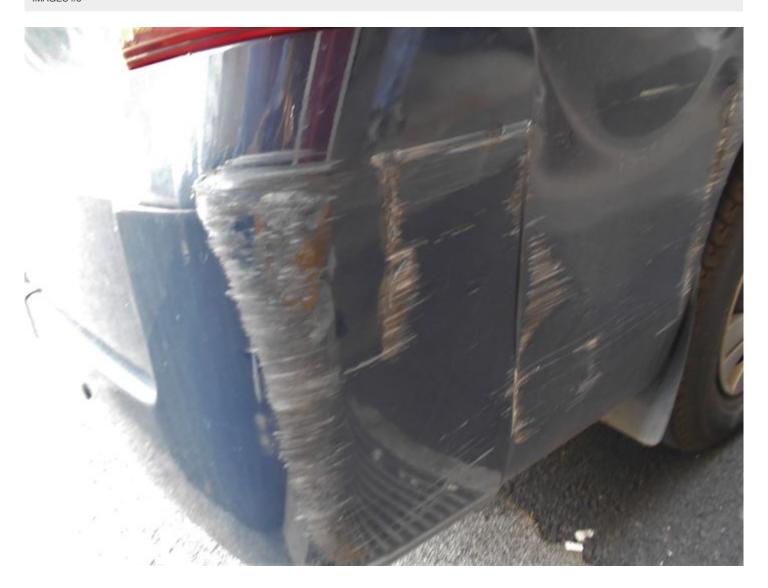


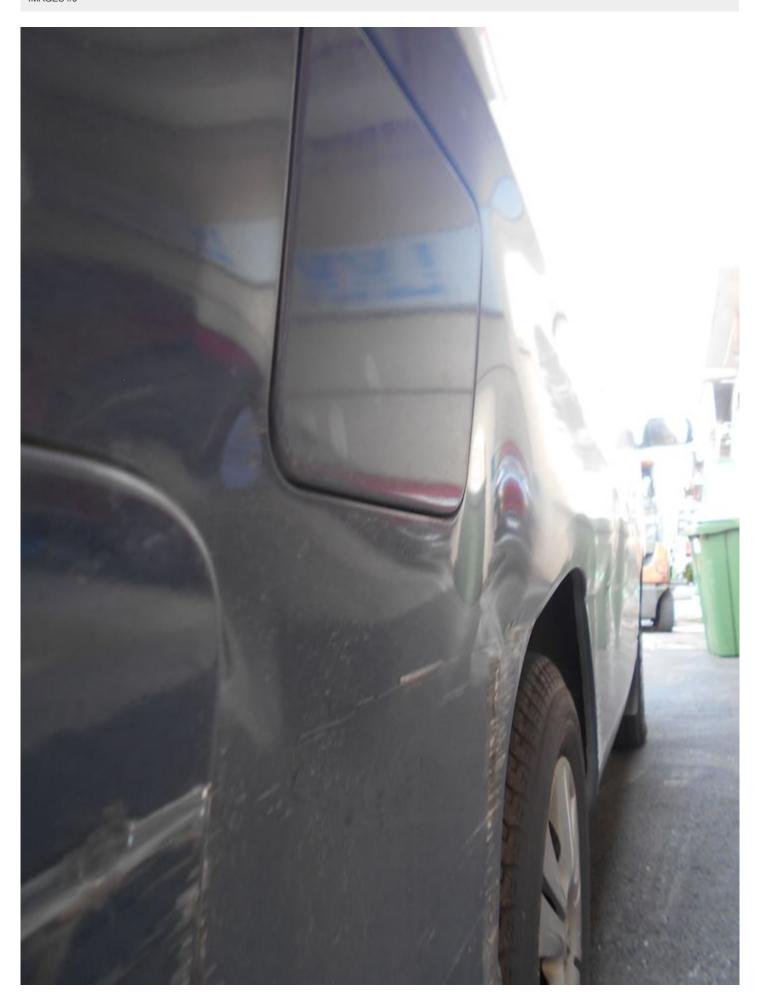


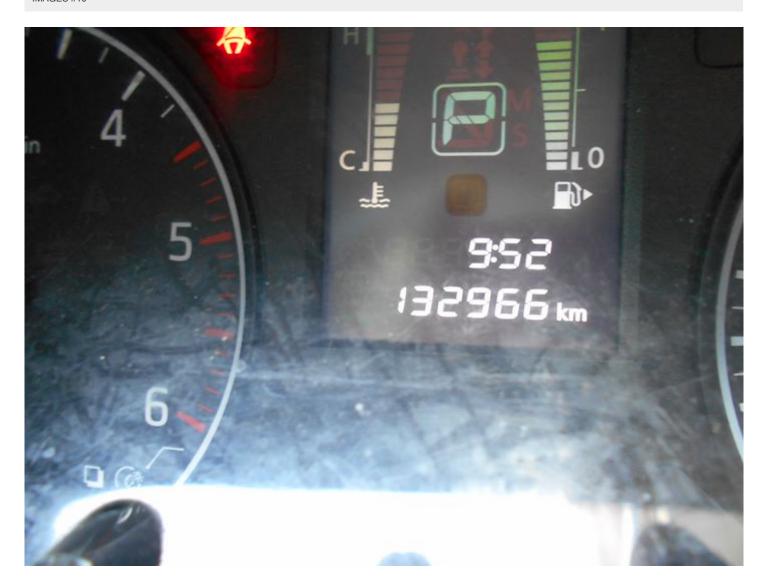


















PORTANT NOT	E: Please submit the completed Adder whom you submitted the Original F	Report,		vith
	ADDE	NDUM		
PARTICULA	RS OF PERSON MAKING THE AMENDM	ENTS:		
o riginal Rep	ort No: SN0923690004	Vehicle Registr	ation No: PC 9197B	3.5
N ame (as sh	own in NRIC): Muhammad Luyman F	MIC/FIN/Pas	sport No: \$9816651C	
	iver/Policyholder) (*) Please delete as			
Acidress: Ap	+ BIK 429 pasir Ris Drive 6 #	10-01	Singapore ( 104	29
	):			
Ernail Addres	ss: carrental@sianghock	·can·sg	(4	
Date of Accid	ient: 15 06 2023	Time of Accider	nt: 06:30	
	dent: MCE towards F	1		
In surance Co	ompany: M8 Pik-	Capital.		
		41		
		3.		
	. INFORMATION /AMENDMENTS: .		Include additional information	,
I have made	a report on the above-mentioned accid		include additional information	on o
I have made	a report on the above-mentioned accid		include additional information	on o
I have made make the foll	a report on the above-mentioned accid		include additional information	on of
I have made make the foll	a report on the above-mentioned accid		o include additional information	on or
I have made make the foll	a report on the above-mentioned accid		o include additional information	on or
I have made make the foll	a report on the above-mentioned accid		o include additional information	on o
I have made make the foll	a report on the above-mentioned accid		o include additional information	on of
I have made make the foll	a report on the above-mentioned accid		o include additional information	on of
I have made make the foll	a report on the above-mentioned accid		o include additional information	on or
I have made make the foll	a report on the above-mentioned accid		o include additional information	on o
I have made make the foll	a report on the above-mentioned accid		o include additional information	on of
I have made make the foll	a report on the above-mentioned accid		o include additional information	on o
I have made make the foll	a report on the above-mentioned accid		o include additional information	on o

Date: