



# 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 ..... 10/07/2023 15:08 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 07/07/2023 11:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SIM AVE & ALJUNIED RD TRAFFIC JUNCTION  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJT786S  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... MOHAMED HANEEFA IQBAL  
NRIC No ..... SXXXX930B  
Email Address ..... iqbhaal@gmail.com  
Mobile Phone No ..... (Phone) +65-96716354  
Alternative Phone No ..... -

## VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... Glc200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1991

## INSURANCE COMPANY

Name of Insurance Company ..... Income Insurance Limited  
Policy Number / Cover Note Number ..... 5122631051-01

## DRIVER

Name of Driver ..... MOHAMED HANEEFA IQBAL  
NRIC No ..... SXXXX930B  
Date Of Birth ..... 28/10/1985  
Occupation ..... Indoor



Accident report SC1N237A000A

Date Of Driving Pass	30/12/1994
Driving experience	28 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96716354
Alt. Phone Number	-
Email Address	iqbhaal@gmail.com
Address	5 MARINE VISTA #08-45 NEPTURE COURT
Address complement	-
Postcode	449024
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	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

#### REFER TO POLICE REPORT

#### 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	YN4170X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-



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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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.

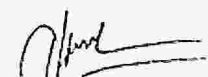
(collectively the "Purposes")

(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.

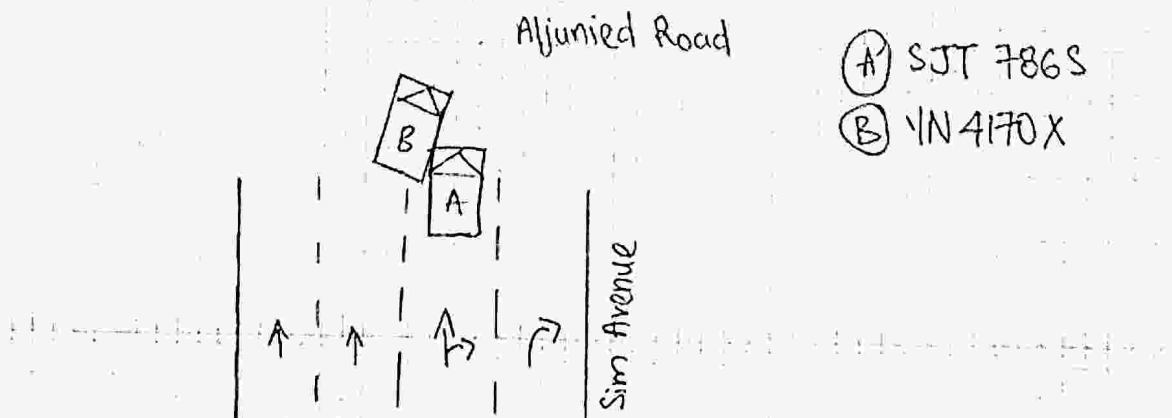
CITY AUTO PTE LTD  
Blk 8 Sin Ming Road  
#01-53/60/62 Sin Ming Ind Est  
Singapore 575643  
Tel: 6453 1234 Fax: 6453 7944  
(Claims Section)

  
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



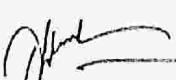
**Describe Circumstances of the Accident**

On 07/07/2023 at about 11:30hrs, I was stationary at the traffic light junction of Sim Ave & Aljunied Rd. When the traffic light turn green before I move off, suddenly vehicle B cut into my lane from my left side and the rear middle part of his vehicle did a deep cut on the left side of my Vehicle A.

**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

**CITY AUTO PTE LTD**  
 Blk 8 Sin Ming Road  
 #01-50/60/72 Sin Ming Ind Est  
 Singapore 505543  
 Tel: 6453 1233 Fax: 6453 7944  
 (Claims Section)

Witnessed by Reporting Centre Personnel