

# IDAC ACCIDENT STATEMENT

DATE OF ACCIDENT : 26/06/2024	TIME OF ACCIDENT : 15.10 HR.
VEHICLE NO : SLX 4119Y	TRANSMISSION : AUTO / MANUAL
MAKE & MODEL : Mitsubishi Spacestar	LOCATION : TPE (DIE) exit to Pasir Ris Dr B
EXACT PURPOSE USE DURING ACCIDENT : EMPLOYMENT / PRIVATE USE / PRIVATE HIRE	CLAIM TYPE : OD / THIRD PARTY / REPORTING ONLY
INSURANCE COMPANY : AIG.	POLICY NO : 1800029817-06
TYPE OF COVERAGE : COMPREHENSIVE / THIRD PARTY / THIRD PARTY & THEFT	VEHICLE TYPE : (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE)
NAME OF OWNER : Rasul Gerald Abdullah @ Lazaroo Malcom	NRIC : S2 007458B
ADDRESS : 212A Pasir Ris St 21 #10-610 C (511212)	CONTACT NO : 9858 5492
EMAIL ADDRESS : MG.RASUL1609@GMAIL.COM	VIDEO RECORDING : YES / NO
NAME OF DRIVER : AS ABOVE / IF NO :	NRIC : CONTACT NO :
DRIVER OWNER RELATIONSHIP : owner	PASSENGER : 01 MALE ( / ) FEMALE ( )
DATE OF BIRTH : 16 / 09 / 1952	DRIVING PASSING DATE : 15 / 10 / 1987
OCCUPATION : INDOOR / OUTDOOR	ADDRESS :
ANY INJURIES : NO, IF YES :	POLICE REPORT : NO / IF YES WHERE ?
WEATHER CONDITION : CLEAR / RAINING / OTHERS	ROAD SURFACE : DRY / WET / OTHERS
VEHICLE B REG NO : SBY 13 H	VEHICLE C REG NO :
DRIVER NAME : 01 male driver	DRIVER NAME :
NRIC :	NRIC :
CONTACT :	CONTACT :
VEHICLE D REG NO :	ANY WITNESS ? NO, IF YES :
DRIVER NAME :	NAME :
NRIC :	CONTACT :
CONTACT :	
WAS NOTICE OF PROSECUTION GIVEN? ( YES / NO ) IF YES, AGAINST WHOM :	WERE SEAT BELTS WORN ? : YES / NO
	WERE INJURY CONVEYED BY AMBULANCE : YES / NO



## SKETCH PLAN

### 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 Traffic Police Department for investigation.**
6. 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.
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

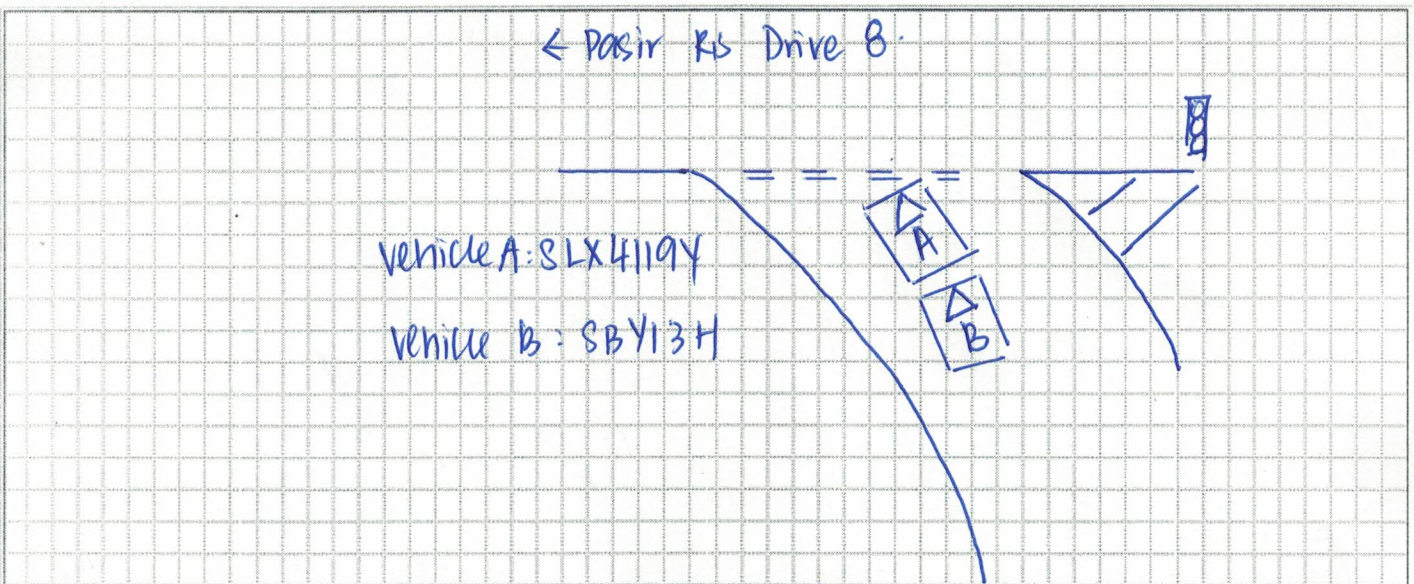
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

### Sketch Plan



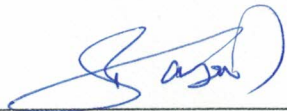
Describe Circumstance of the Accident

I was before the give-way line checking on  
on-coming traffic before proceeding when vehicle 'B'  
couldn't stop in time and collided onto my  
vehicle's rear portion.

Declaration

I/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  
(Name as in NRIC/ID card)