

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 Authorised 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 ability.
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 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 Report	18/12/2017 17:53
Date Of Accident	18/12/2017 08:30
Exact Location Of Accident	BAYSHORE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1622K
Insured/Policyholder	
Name Of Registered Owner	SHAHARUDIN MOHAMED YUSOFF
NRIC No	S7502139I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91725228
Alternative Phone No	Office-91725228

Vehicle Particulars

Manufacturer	AUDI
Model	Q7-3.0 (A)
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100480993-01
Cover Note Number	

Driver

Name of Driver	SHAHARUDIN MOHAMED YUSOFF
NRIC No	S7502139I
Date Of Birth	18/01/1975
Occupation	INDOOR
Date Of Driving Pass	30/07/1993
Driving Experience	24 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91725228
Fax Number	
Contact Number	OFFICE-91725228
EMail Address	NOEMAIL
Address	52 TANAH MERAH KECHIL AVENUE #10-05

Postcode	465525
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEHICLE B HAD ON HIS RIGHT SIGNAL. THINKING THAT VEHICLE B WANTED TO TURN RIGHT AT THE TRAFFIC LIGHT, I PROCEED TO OVERTAKE VEHICLE B FROM THE RIGHT. HOWEVER, VEHICLE B HAD TURN RIGHT EARLIER INTO A CONSTRUCTION SIDE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD8025G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan


SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

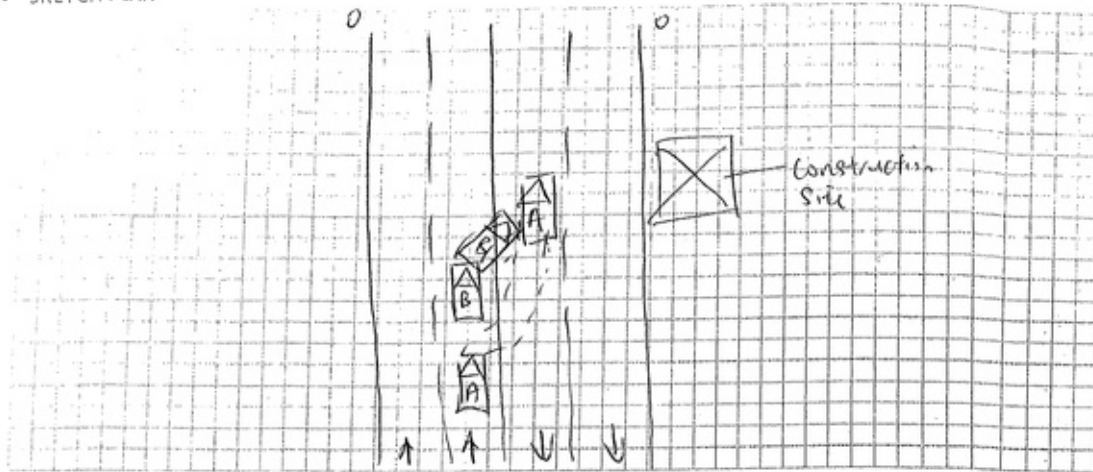
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B had on his right signal, thinking that vehicle A wanted to turn right at the traffic light, I proceed to overtake vehicle B from the right, however vehicle B had turn right earlier into a construction site.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SME

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : SHAHARUDIN MOHAMED YUSOFF
VEHICLE NUMBER : SLD 1622R
DATE/TIME OF ACCIDENT : 18/10/2017 @ 08:30
PLACE OF ACCIDENT : BAYSHORE ROAD
THIRD PARTY VEHICLE (IF ANY) : EPD 80256

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

from mbs towards home.

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Head to Side


WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No Injuries


Name: _____

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7502139I



Name
SHAHARUDIN MOHAMED
YUSOFF

Race
MALAY

Date of birth
18-01-1975

Sex
M

Country of birth
SINGAPORE

S7502139I

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7502139I

Name
SHAHARUDIN MOHAMED
YUSOFF

Exp. Date: 18 Jan 1975

Valid Date: 17 Jul 2003

000660400K

3664735



NRIC No. S7502139I




Date of issue
18-01-2006

52 TANAH MERAH KECHIL AVENUE #10-05
SINGAPORE 465525

NRIC No: S7502139I Date: 13/05/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Jul 1993



NP 428A

License No: S7502139I

INSURANCE



POLICY SCHEDULE

AUTOPLUS PRIVATE VEHICLE

Policy No. : 2100480993-01

Period of Insurance : 23 Sep 2017 to 22 Sep 2018

Issued Date : 25 Aug 2017

ABOUT THE POLICYHOLDER

Name of Policyholder : SHAHARUDIN MOHAMED YUSOFF
 Address : 52 TANAH MERAH KECHIL AVENUE
 #10-05 CASA MERAH
 SINGAPORE 465525

Occupation/Nature of Business : Executives

ABOUT THE VEHICLE

Registration No. : SLD1622K Engine Capacity/Tonnage : 2,995.00 CC
 Chassis No. : WAUZZZ4L7BD030563 Engine No. : CJT019390
 Seating Capacity : 7 First Year of Registration : 2011 Body Type : SUV
 Make/Model : AUDI Q7 3.0 TFSI QU (272BHP&333BHP)
 Hire Purchase Company/Employer's Loan : MayBank

ABOUT THE COVER

Sum Insured : Market Value Off Peak Car : No
 Driver Restriction : NA Insuring with COE/PARF : Yes

Person or Classes of Persons Entitled to Drive :

- a) The Policyholder
 b) Any other person who is driving on the Policyholder's order or with his/her permission.
 This Policy will indemnify the Policyholder or any authorised driver only if he/she meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving tuition, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Other Key Policy Benefits :

Act of God, Dealer (First 3 years from original registration) + AIG Authorised Workshops, Waiver of Excess, PA to Authorised Driver / Unnamed Passengers- \$10000, PA Insured- \$50000, Key Replacement Cover- \$800, Strike, Riots and Civil Commotions, Loss of Use 1500cc - 1600cc Optional, NCD Protector

EXCESS

Section 1
Fire - \$0 Own Damage - \$1400 Theft - \$0 Flood Cover - \$0

Section 2
Property Damage - \$0

Windscreen : \$100

Named Driver
SHAHARUDIN MOHAMED YUSOFF - \$1400 (Own Damage)

PREMIUM

Premium : \$ 1,183.94
 GST (7%) : \$ 82.88

Total : \$ 1,266.82

Your Premium includes the following discount(s):

Safe Driver Discount - 5.00%, No Claim Discount - 50%

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

