

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	28/12/2017 14:38
Date Of Accident	27/12/2017 19:35
Exact Location Of Accident	SLIP RD TURNING LEFT FM SIGLAP RD TO EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX8665U
Insured/Policyholder	
Name Of Registered Owner	FAREED HUSAIN YUSUF KAGDA
NRIC No	S6919274B
Email Address	FIX_BONES@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96168904
Alternative Phone No	OFFICE-96168904

Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN808792
Cover Note Number	

Driver

Name of Driver	FAREED HUSAIN YUSUF KAGDA
NRIC No	S6919274B
Date Of Birth	20/06/1969
Occupation	INDOOR
Date Of Driving Pass	14/05/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96168904
Fax Number	
Contact Number	OFFICE-96168904
EEmail Address	FIX_BONES@YAHOO.COM

Address	66 FRANKEL AVENUE
Postcode	458193
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

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

REFER TO ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJC9061E
Vehicle Make/Model/Colour	HONDA CIVIC 1.8 LA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO WEI KIAT DANIEL
NRIC/Passport Number	S8131599Z
Contact Number	96946393
Address	66 LENGKONG TIGA #06-15
Postcode	417471
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRONT LEFT
No. Of Passenger (Including Driver)	1

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 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 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. The 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.

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' law yers/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.

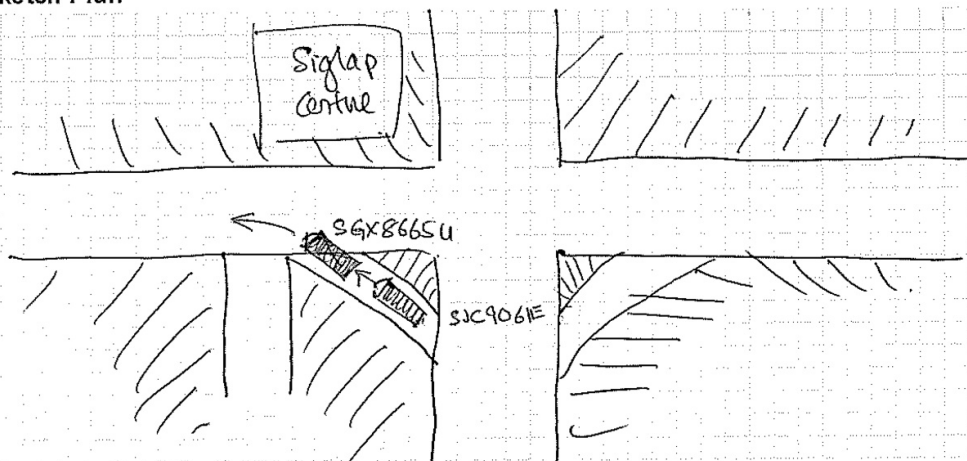
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' 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.

<p><i>[Signature]</i> 28/12/17 1245pm</p> <p>Policyholder's Signature / Date & Time (1.37pm)</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p><i>[Signature]</i></p> <p>Witnessed by Reporting Centre Personnel</p>
--	---	--

Sketch Plan



Describe Circumstances of the Accident

At 7:33pm on 27/12/17 was turning left from Siglap Road to East Coast Road via Slip road. Stopped for a passing car on East Coast Road and car behind me hit my car. My car was stationary and the car behind me was at a low speed. The weather was clear and visibility was good. ~~but~~ minor impact of the vehicles left front bumper and my night rear bumper. As our vehicles were blocking the slip road we moved the cars forward so as to not block traffic, ensured no one was injured and exchanged particulars.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
28/12/17
1245pm
(1.37pm)

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

