

## 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	04/01/2018 11:29
Date Of Accident	31/12/2017 21:30
Exact Location Of Accident	MARINA BLVD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4352Z
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#### Insured/Policyholder

Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201604597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

#### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

#### Driver

Name of Driver	MOHAMED ZAKI BIN MOHAMED SAID
NRIC No	S7300543D
Date Of Birth	06/01/1973
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2000
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OVERWRITTEN
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ9219G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - SLH 4352 Z

B - SJJ 9219 G

Describe Circumstances of the Accident

ON THE DAY OF THE ACCIDENT ON THE EVE OF NEW YEAR.  
AT ABOUT 2230HRS I WAS DRIVING ALONG THE SAID ROAD.  
THE TRAFFIC CONGESTION WAS BAD AT THE TIME. SO THE  
ROADS ARE WET DUE TO THE WEATHER. THEN THE  
CAR IN FRONT OF ME BRAKE AND ALTHOUGH I WASN'T  
GOING FAST AND KEPT A DISTANCE MY CAR ~~HIT~~ ~~AS~~  
HIT THE CAR IN FRONT. IF I WAS GOING FAST OR  
CLOSE TO THE OTHER CAR ~~TO~~ IT WOULD HIT THE CAR  
IN FRONT BUT IT DIDN'T

Declaration

We declare the foregoing particulars are true in every respect.

 

Policyholder's Signature / Date & Time

 2/1/18

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7300543D



Name

MOHAMED ZAKI BIN MOHAMED  
SAID

Race

MALAY

Date of birth

06-01-1973

Sex

M

Country/Place of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICEN



Licence Number: S7300543D

MOHAMED ZAKI BIN MOHAMED  
SAID

Birth Date: 06 Jan 1973

Issue Date: 26 Jul 2016



002592341A

568154



NRIC No. S7300543D



Date of issue  
20-12-2016

Address

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIE

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	05 Jun 1973
Class 2A	Motorcycles between 201 cc and 400 cc	10 May 2016
Class 2	Motorcycles > 400 cc	11 Jul 2016
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	18 Dec 2016

NP 428A



Licence No: S7300543D

Accident Photo





**Accident Photo**



**Accident Photo**





**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo

