

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 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	19/03/2018 10:41
Date Of Accident	17/03/2018 18:25
Exact Location Of Accident	JUNC NICOLL HWY TWDS MOUNTBATTEN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDD7866D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RAFI S/O ABDUL MUNAF
NRIC No	S1342929D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91177866
Alternative Phone No	OFFICE-91177866

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA 8 SEATER MOONROOF CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100416236-02000
Cover Note Number	

Driver

Name of Driver	AISHAH PARVEEN D/O MOHAMED RAFI
NRIC No	S9336985H
Date Of Birth	01/10/1993
Occupation	INDOOR
Date Of Driving Pass	07/06/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94251371
Fax Number	
Contact Number	OFFICE-94251371
EEmail Address	NOEMAIL

Address	BLK 78 MARINE DRIVE #14-38
Postcode	440078
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 300 MARINE PARADE ROAD , POSTCODE: 449296 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4428999 - FAX NO: 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180318/2002. REMARK: AIR-CON NOT WORKING AFTER THE ACCIDENT.

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	SKX2638R
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)

1

Accident Sketch Plan

SKETCH PLAN

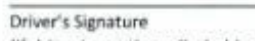
IMPORTANT NOTICE

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 lodgment 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.
- (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.

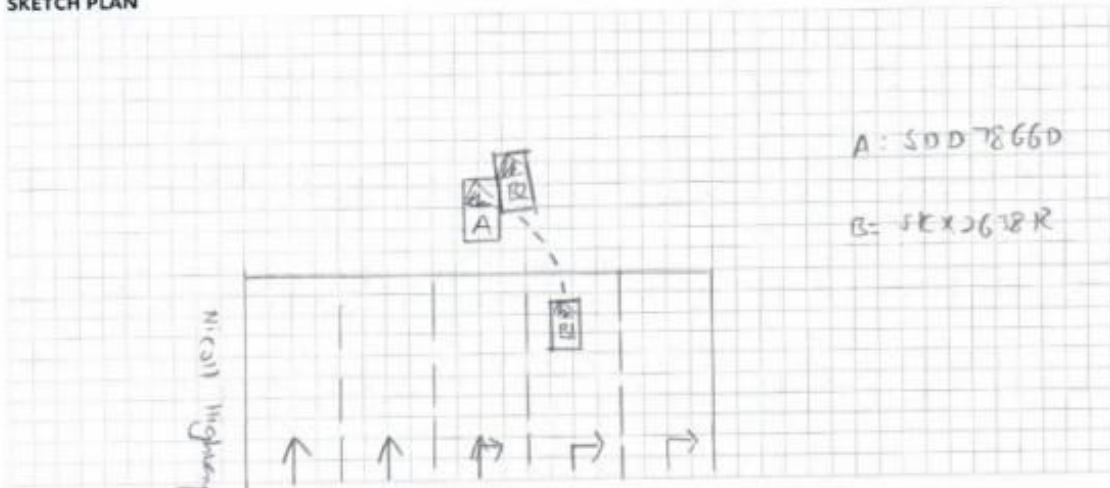

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180318/2022.

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.:

Police Report

 POLICE FORCE		1 of 3				
Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999		Report No: T/20180318/2002				
REPORT OF A TRAFFIC ACCIDENT		Vide Report No.:	Station Diary No.: 8			
Date/Time Report Made 18/03/2018 00:43						
Informant's Particulars						
Name of Informant: AISHAH PARVEEN D/O MOHAMED RAFI		Address: APT BLK 78 MARINE DRIVE #14-38 SINGAPORE 440078				
ID Type / ID No.: NRIC NO / S9336985H		Contact No.: Home/Office:	Mobile: 94251371			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Female	Age: 24	Date of Birth: 01/10/1993	Type of Informant: Driver			
Race: Indian		Language:	Institution / School Name: SIM			
Occupation: Student		Driving Licence Information: Class: 3A				
		Date of Expiry:				
General Information of the Accident						
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 17/03/2018 18:25			
Type of Location: X-Junction						
Location: Along Road 1 Traveling Toward Road 2 NICOLL HIGHWAY MOUNTBATTEN ROAD Nicoll Highway turning into Mountbatten Road						
Weather: Clear	Road Surface: Dry		Road Speed Limit:			
Traffic Flow: Dual-Carriage Way	Traffic Control: Traffic Light - Working		Traffic Volume: Moderate			
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SDD7866D	Car	TOYOTA	Previa		Slightly Damaged	0
	Car	TOYOTA		Black	Slightly Damaged	0
Details of Person Involved						
Any Pedestrian Involved: No				Use of Pedestrian Crossing: NA		

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449298
Tel No: 1800-4428999



T/20180318/2012

Report No: T/20180315/2012



CONTINUATION OF REPORT

Driver		ID No.	S9336985H
Name	AISHAH PARVEEN D/O MOHAMED RAFI	Contact No.	94251371
Related Vehicle	SDD7866D (Car)	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		
Driver		ID No.	S1124881J
Name	KOH SIEW LENG	Contact No.	91556299
Related Vehicle	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	NIL
No. of Days granted Medical Leave	NIL		

Brief Details.



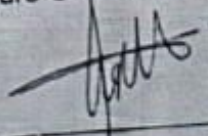

On the above mentioned date and time, I was travelling from Bencoolen Mosque heading home at Marine Drive. I was the first car at the traffic light which was red. When the light turned green, I made a right turn towards Mountbatten Road. Suddenly, a car from the right hit onto my vehicle. The car then stopped. I also managed to stop my vehicle to prevent another accident. As the traffic light was turning to red, I overtake her vehicle and told her to follow me. We then stopped along Mountbatten Road.

Once we stopped, we took photos and exchanged particulars. She then told me that there was actually another car that was involved in the accident however the car had left. She then told me that she need to leave as she was in a hurry and would call me later.

At about 2130hrs, she called me and informed me that she is currently in a police station lodging a report and I told her that I would do the same.

Ever since the accident up till now, I am feeling okay except for some back pain and giddiness. I have vehicle camera in my car however I would need to download the footage first.

Police Report

 SINGAPORE POLICE FORCE		 T/20180318/2002 3 of 3 Report No. T/20180318/2002
Police Station Of Origin: Marine Parade N.P.C 300 Marine Parade Road SINGAPORE 449296 Tel No: 1800-4428999		CONTINUATION OF REPORT
Cognitive Walkthrough Exercise		
Sketch Plan Informant is not able to provide sketch plan		
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.		
Signature Of Officer Recording The Report: G / Sgt 3 NUR AMERA KHAIRYANI BINTE ALI		Signature Of Informant: 
Signature Of Interpreter: Not applicable		Date/Time: 18/03/2018 00:43
Officer In Charge Of Case: P / GIA / Sgt TANG SIEW PING Contact No.: 65476430		Classification Of Case:
Authentication Stamp 8		 SINGAPORE POLICE FORCE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MHA 118036801 Vehicle Registration No: 5007866D
Name (as shown in NRIC) : Mohamed Rafi S/o Abdul Manaf NRIC/FIN/Passport No : S1342929D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 67A Ceylon Road Singapore (423470)
Contact (Tel) : _____ Mobile No. : 91177866
Email Address : _____
Date of Accident : 17/3/18 Time of Accident : 18:25
Place of Accident : Junc Nicoll Hwy towards Mountbatten Rd
Insurance Company : Alfa

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

My air-con not working after the accident. (Add on statement)

Policyholder / Driver's Signature
Date:

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1180368-01 Vehicle Registration No: SDD7866D
Name (as shown in NRIC) : Mohamed Rafi s/o Abdul Munaf NRIC/FIN/Passport No : S1342929D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 67 A Ceylon Road Singapore 423470
Contact (Tel) : _____ Mobile No. : 91177866
Email Address : _____
Date of Accident : 17/1/18 Time of Accident : 18:25
Place of Accident : Junc Nigoll Hwy fuds Mountbatten Rd
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend driver details

Policyholder / Driver's Signature
Date:

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