

MSME18039549 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME: 24/03/2018 11:32  
 SUBMITTED BY: Farida Wen Ya Ying

## 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 24/03/2018 11:32  
 Date Of Accident 22/03/2018 15:15  
 Exact Location Of Accident 209 YISHUN ST 21 CARPARK (LOT 213).  
 Country/State of Loss SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SLW3251J  
 Insured/Policyholder  
 Name Of Registered Owner YAACOB BIN MOHD IBRAHIM  
 NRIC No S1493230E  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-91765905  
 Alternative Phone No OFFICE-91765905

## Vehicle Particulars

Manufacturer KIA  
 Model FORTE  
 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 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 1800011553  
 Cover Note Number

## Driver

Name of Driver YAACOB BIN MOHD IBRAHIM  
 NRIC No S1493230E  
 Date Of Birth 05/06/1961  
 Occupation INDOOR  
 Date Of Driving Pass 13/05/1991  
 Driving Experience 26 YEARS AND 10 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-91765905  
 Fax Number  
 Contact Number OFFICE-91765905  
 Email Address NOEMAIL

Address BLK 309 YISHUN RING ROAD #04-1250B  
 Postcode 760309  
 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 - 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) 5

Passenger 1 NAME: HARRIS

GENDER: MALE

Passenger 2 NAME: ROSMINAH

GENDER: FEMALE

Passenger 3 NAME: AZIZAH

GENDER: FEMALE

Passenger 4 NAME: AISYAH

GENDER: FEMALE

#### 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

ON 22nd OF MARCH 2018 AT AROUND 1515HRS, AN ACCIDENT OCCURED AT A CARPARK BLK 209 YISHUN ST 21, I WAS DRIVING TOWARDS THE EXIT AND UNFORTUNATELY A BLACK MERCEDES CAR DROVE OUT FROM THE PARKING LOT AND UNINTENTIONALLY HIT MY CAR.

#### 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

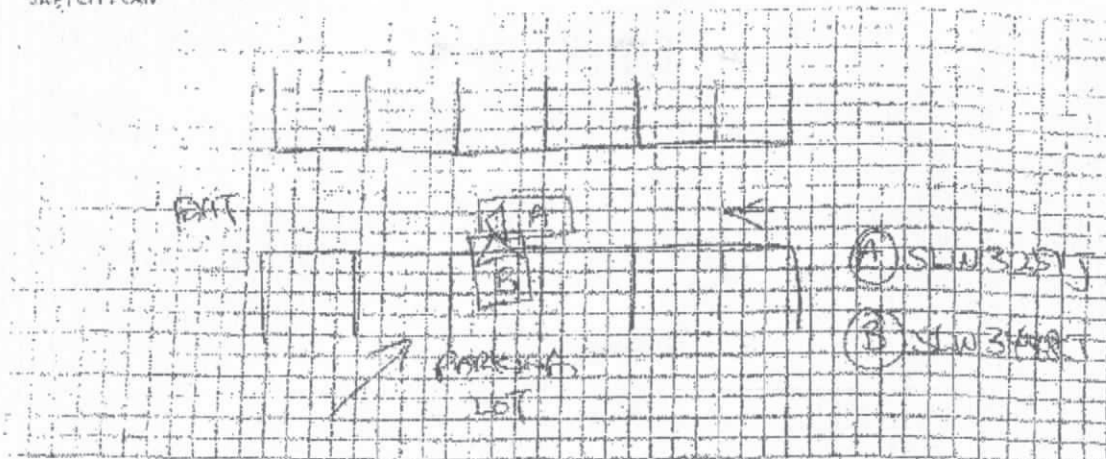
Vehicle Registration Number SLW3448J  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B

Vehicle Category	PRIVATE CAR
Name of Driver	TAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 22ND OF MARCH 2018 AT AROUND 1515 HRS, AN ACCIDENT OCCURED AT A CARPARK BLK:209 YISHUN ST 21. I WAS DRIVING TOWARDS THE EXIT AND UNFORTUNATELY A BLACK MERCEDES CAR DROVE OUT FROM THE PARKING LOT AND UNINTENTIONALLY HIT MY CAR.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

24/3/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24/3/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

24/3/18 @ 10-05AM

## Accident Sketch Plan Pg. 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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to re-evaluate 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/PIN No.: