

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	28/03/2018 18:33
Date Of Accident	28/03/2018 18:05
Exact Location Of Accident	BKE TOWARDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCY1714A
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Insured/Policyholder

Name Of Registered Owner	BUSTAMAM BIN KOSHNI
NRIC No	S2163363A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97730506
Alternative Phone No	OTHERS-97730506

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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	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	2100452656-02
Cover Note Number	19/02/2018 - 18/02/2019

Driver

Name of Driver	IMRAN BIN BUSTAMAM
NRIC No	S8703472J
Date Of Birth	19/02/1987
Occupation	INDOOR
Date Of Driving Pass	22/11/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92703366
Fax Number	
Contact Number	
Email Address	BUSTAMAM.IMRAN@GMAIL.COM

Address	BLK 297B CHOA CHU KANG AVE 2 #08-74
Postcode	S682297
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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

1 driver & 1 passenger. Refer to attached sketch plan.

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	SKK8584R
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOCELYN CHIONH HUI SHAN
NRIC/Passport Number	S8123764F
Contact Number	94524238
Address	
Postcode	
Insurance Company Name	FWD SINGAPORE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKG5427C
Vehicle Make/Model/Colour	CHEVROLET BLACK

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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGX1648R
Vehicle Make/Model/Colour	VOLKSWAGEN WHITE
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

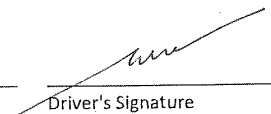
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

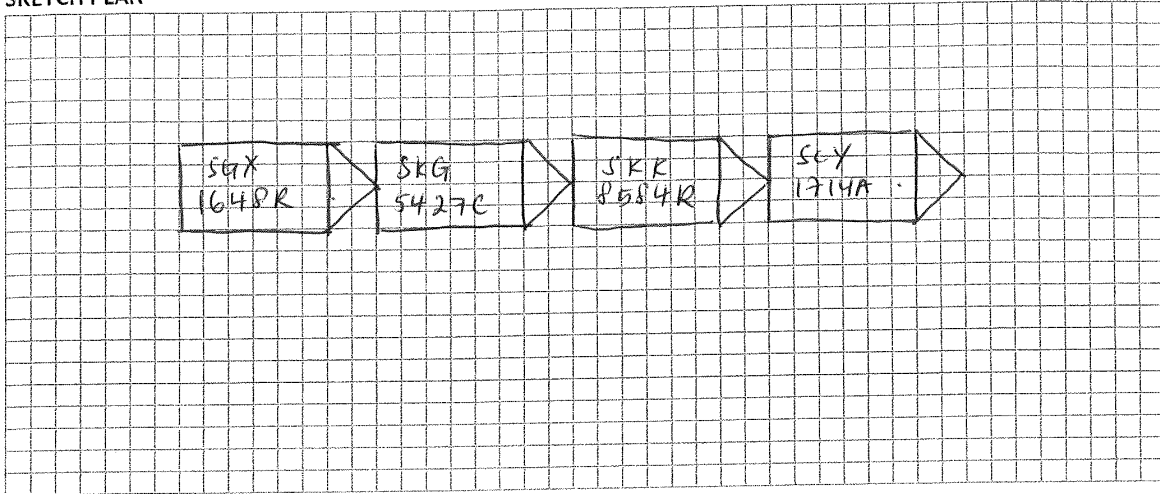
Policyholder's Signature
Date & Time:


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

As I was travelling on BKE twdr KJE, before Daing Fami Exit, there was heavy traffic and slowed my vehicle to a stop. I was stationary for approximately 1-2 minutes when I felt a strong hit from behind.

Upon inspection, I was involved in a 4-car chain accident. I was hit by SKK 8584R who was also struck by 2 other cars behind that.

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.:



Letter Of Authorization

I, Burtawane Pin Koshoni (S21633624)
hereby allow my child, Iuvan Pin Burtawane (S8703472J)
to report any accident / issues pertaining to vehicle
number SCY1714A and to act on my behalf on matters
relating to it.


Iuvan Pin Burtawane
S8703472J



CERTIFICATE OF INSURANCE

NISSAN AUTO PROTECTOR PRIVATE VEHICLE

Name of Policyholder : SUJIT KAMAL BIKI KOSHER
Period of Insurance : 15 Feb 2015 To : 15 Feb 2016
Engine No. : 116A227913A
Chassis No. : SUNBEAR 1U1590759

Vehicle No. : 507470-A
 Policy No. : 1100-01880-102
 Encasement No. :
 Issued Date : 06 Feb 2016

ABOUT THE COVER

Make/Model	NISSAN GASHQAI 1.2 DIG TURBO		
Engine Capacity/Tonnage	1137.00 CC	Sum Insured	Market value
Driver's Registration	NA	On Risk Car	No
		Insuring with DASH With	Yes

Person or Classes of Persons Entitled to Drive

[illegible]

Age Condition: All Age Conditions

Intention: 25.10.2008

[illegible]

LINE OF BEST FIT: $y = 1.2x - 1.2$

* The authors are indebted to Prof. Dr. J. H. Drenth, University of Groningen, The Netherlands, for his critical reading of the manuscript.

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Figure 4
 Figure 4: Two functions: $f(x) = \sin(x)$ and $g(x) = \cos(x)$

Figure 6. *Continued*

Received: 1999

Married Driver and Passenger always available

PLANT/ANIMAL IDENTIFICATION: 08-10 Time: 15 min

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

1. 777-767-0000 (4444 Main St., Suite 100, Youngstown, Ohio 44605) 877-767-0000
 2. 444-444-4444 (4444 Main St., Suite 100, Youngstown, Ohio 44605) 877-767-0000
 3. 777-767-0000 (4444 Main St., Suite 100, Youngstown, Ohio 44605) 877-767-0000
 4. 444-444-4444 (4444 Main St., Suite 100, Youngstown, Ohio 44605) 877-767-0000
 5. 777-767-0000 (4444 Main St., Suite 100, Youngstown, Ohio 44605) 877-767-0000

[illegible]

IMPORTANT NOTES

His Purchase Company/Enderby's Loan Standard Chartered Bank (Singapore) Limited

[illegible]

2000-2001

74 CHEM CREDIT 100

11-103 12/14/2018

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AIG Asia Pacific Insurance Pte. Ltd.
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75. Pirmas, A. S.; Gao, Y. Z. *J. Polym. Sci. Part A: Polym. Chem.* 2005, 43, 1031-1040. [CrossRef]

Meiji Asia Pacific Insurance Pte. Ltd.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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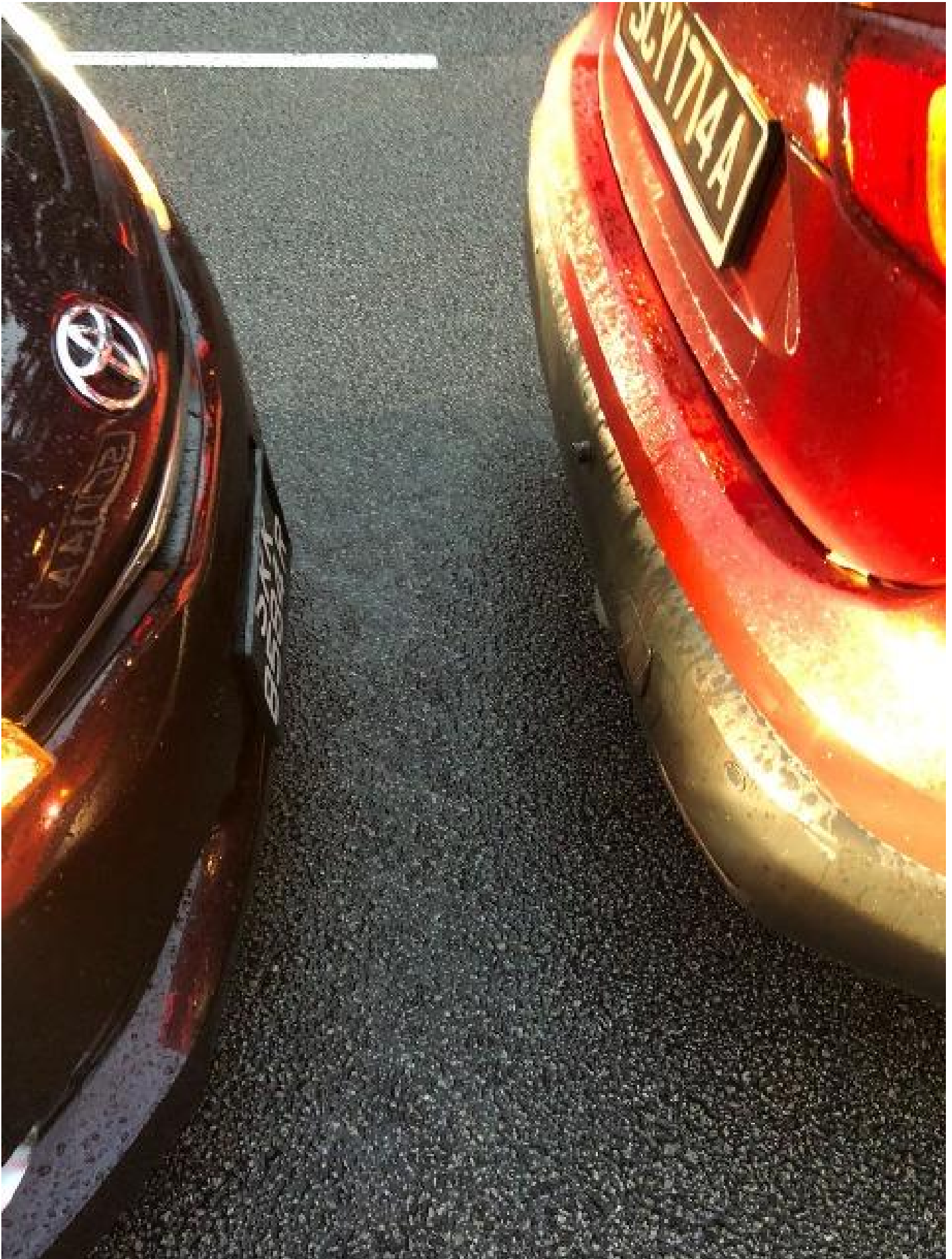
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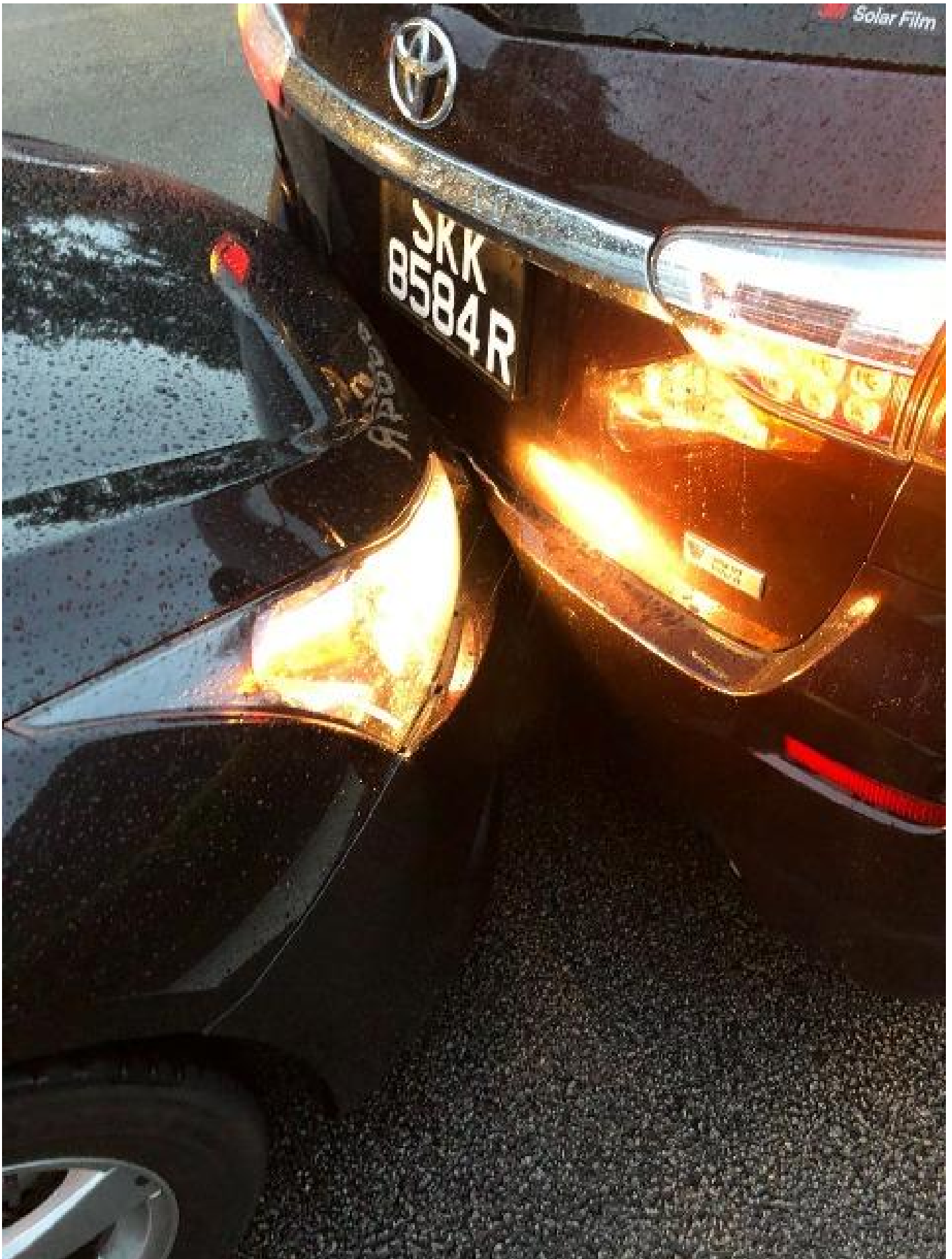
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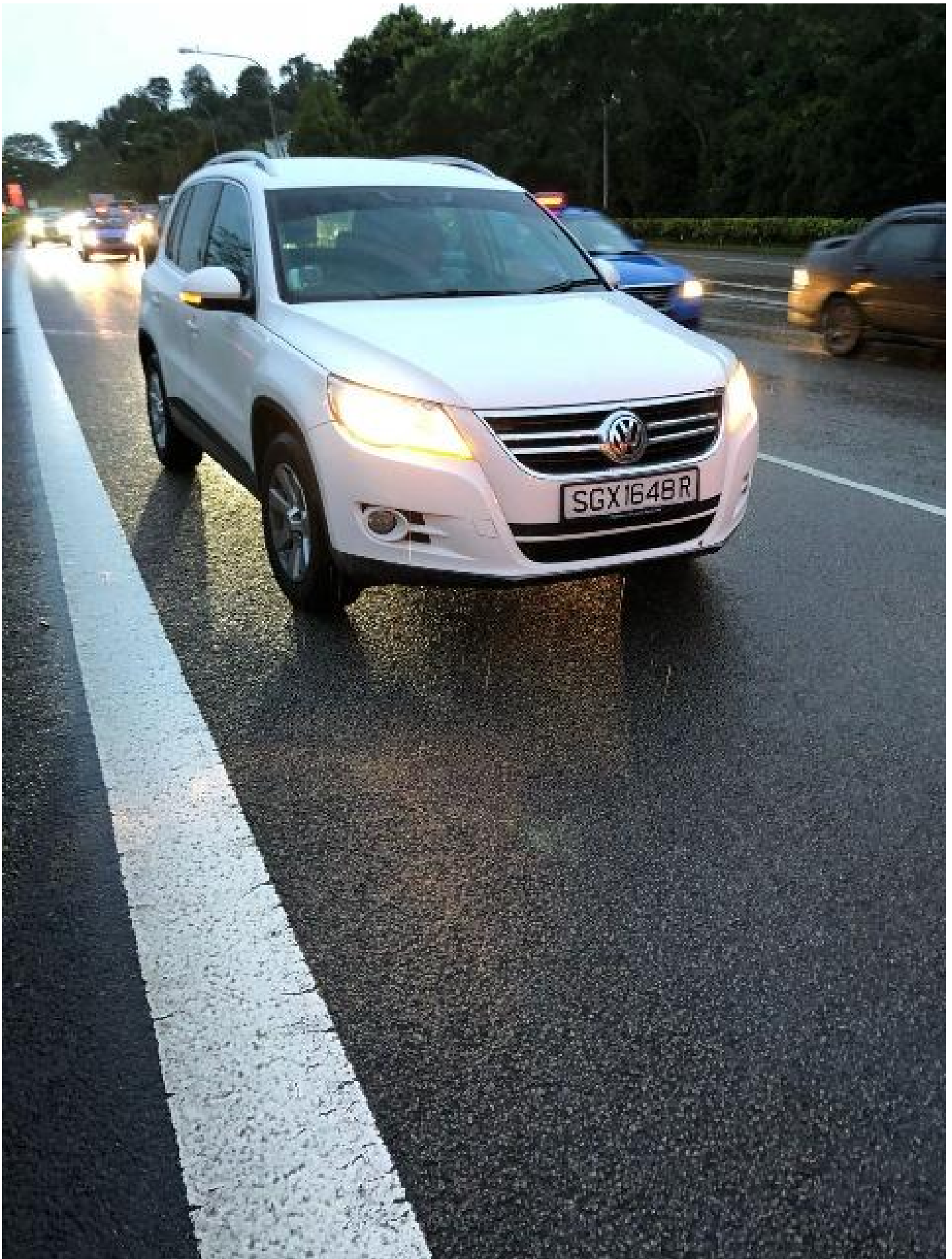
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