### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

Date Of Driving Pass Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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aroresaru.	ACCIDENT STATEMENT
Date Of Report	09/05/2018 16:42
Date Of Accident	09/05/2018 14:15
Exact Location Of Accident	BALESTIER ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKE1234D
Insured/Policyholder	
Name Of Registered Owner	MOHAMED MUSTAFA S/O SHAHUL HAMID @ RAJ MOHAMMED
NRIC No	S2174269D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91180786
Alternative Phone No	Office-91180786
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200
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?	YES
If No, Please state action to be taken	
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	2100408507
Cover Note Number	
Driver	
Name of Driver	MOHAMED MUSTAFA S/O SHAHUL HAMID @ RAJ MOHAMMED
NRIC No	S2174269D
Date Of Birth	01/09/1959

INDOOR 17/12/1979

38 YEARS AND 4 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-91180786

Fax Number

**Contact Number** OFFICE-91180786

**EMail Address NOEMAIL** 

Address 36 JALAN KECHOT SINGAPORE

Postcode 419222 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 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO ATTACHED

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 PC3919A

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

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

#### IMPORTANT NOTICE

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- 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.
- 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
  - (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
  - (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
- 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:
- Cycle Rendered Record to the Control of the Control (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

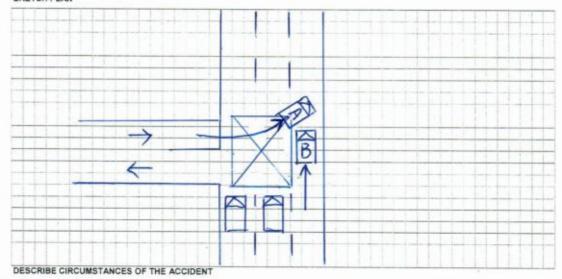
(If driver is not the policyholder)

Date & Time

DID: 671 Reporting Centre Personnel's

Name:

NRIC/FIN No.:



I turned out from the Bide road outo Bolestier Rol, Car B (van)
came at a high speed and mocked
into the right seur side of my car.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, Cycle & Carringte Industries Pite Ltd

Cycle & Carringte Industries Pents

Cycle & Carringte Industries Pents

Experis Core & Repair Cores

Experis Core & Repair Core & Repair Core

Experis Core & Repair Core your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature Date & Time

Driver's Signature (If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2174269D



MOHAMED MUSTAFA S/O SHAHUL HAMID @RAJ MOHAMMED முஹம்மத் முஸ்தபா

INDIAN

01-09-1959 M INDIA

52124269D

RETUBLIC OF SINGAPORE DRIVING LICENCE

Series Number S 2 1 7 4 2 6 9 D

MOHAMED MUSTAFA S/O SHAHUL HAMID

Get- Date: 01 Sep 1959 have Date 08 Sep 2003

FOR C&C USE ONLY 100008 104290 1111

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S2174269D

FYOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLAS. 4368796 Class 2B
Class 2A
Motorcycles between 201 cc and 400 cc
Class 2
Motorcycles between 201 cc and 400 cc
Motorcycles exceeding 400 cc
Motorcycles between 201 cc and 400 cc
Motorcycles between 20

PASS DATE'

17 Dec 15... 17 Dec 1979 17 Dec 1979 17 Dec 1979

36 JALAN KECHOT SINGAPORE 419222

MRIC No: \$21742690

13-03-2009

Date: 18/05/2012 No: 7005688

NP-428A





