SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number
EMail Address

- 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 <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.

	ACCIDENT STATEMENT
Date Of Danast	09/05/2018 15:38
Date Of Assidant	
Date Of Accident	09/05/2018 07:45
Exact Location Of Accident	CTE TOWARDS CITY BEFORE BUKIT TIMAH EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBF4691Z
Insured/Policyholder	
Name Of Registered Owner	SHAW THEATRES PTE LTD
Co Reg No	A194700158G
Email Address	AZIZ@SHAW.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62352077
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	t e e e e e e e e e e e e e e e e e e e
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100489040-01
Cover Note Number	04/11/2017 - 03/11/2018
Driver	
Name of Driver	MUHAMMAD FATHURRAZI BIN ADNAN
NRIC No	S9029651E
Date Of Birth	20/08/1990
Occupation	INDOOR
Date Of Driving Pass	19/09/2014

MALE

(LOCAL) +65-90230449

AZIZ@SHAW.COM.SG

Address BLK 19B PASIR RIS ST 12 #05-122

Postcode S510198

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
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 body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE

NO

NO

NO

1

Police Station Address ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2959999 - **FAX NO**: 63918499

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

Refer to attached notice of reporting & sketch plan.

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 Witness 1

Name WANG ZIXIN
Phone Number 91892638

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FZ8624P

Vehicle Make/Model/Colour HONDA WAVE

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MOHAMMAD SYAFIQ BIN MOHD RADEAF

NRIC/Passport Number S9201276Z Contact Number 97310698 Address
Postcode
Insurance Company Name
Nature Of Damage

FWD SINGAPORE PTE. LTD.

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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.
- 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.

SHAW THEATRES PTE LTD

Policyholder's Signature
Date & Time:

11.30 am

Driver's Signature

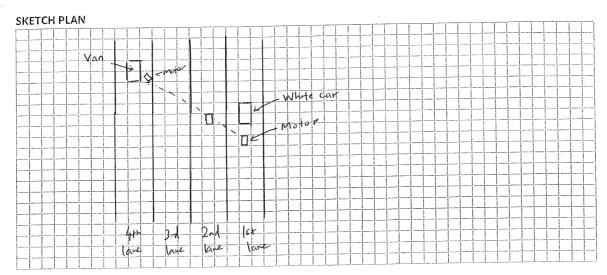
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personn

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ESCRIBE CIRCUI	VISTANCES OF THE ACCIDENT
I i	was driving on the last lane, 4th Lane.
74.	mater was riding on the first lane. The car sudderly
brake	and the motor tried to avoid hitting the car from
behina	d.
Ende	d up the motorist fell down and motor skidded and ed towards my van. Hit the right side of the van.
travelli	ed towards my van. Hit the right side of the van.
Witn	vers travelling on the second lane, providing the information
	video of the incident.

DECLARATION

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

Policyholder's Signature
Date & Time: 09/05/2018 (If driver is not the policyholder)

GIARMC SketchPlanform_V3

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Reporting Centre Personne

Name: NRIC/FIN No .:



CERTIFICATE OF INSURANCE

COMMERCIAL AUTOPLUS COMMERCIAL VEHICLE

Name of Policyholder ... : Slow Theates 26.1 x Vehicle No. CREARBIZE Period of Insurance : 34 Nov 2017 To 03 Nov 2018 Engine No. : K9KG4C00C55850 : 2100K68040 0 Policy No. Engine No. Endorsement No.

Chesais No. S WERCYBAM 2004 CENCROSE based Date : 25 Car. 2017

ABOUT THE COVER

Makadblode' NUSSAN NV 200

Engine Capacity/Tonnage : 0.6 Tonnage: Sum Inverse: Market Veres First Year of Recistration. 2018 Off Peak Car : No Criser Resinction. Insuring with COEPARE II Yes N/A

Person or Classes of Persons Entitled to Driver:

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

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Annex D

NOTICE OF REPORTING

- This is to confirm that <u>Muhammad Fathurrazi bin Adnan</u>, NRIC: S9029651E₉ Address: Blk 198 Pasir Ris Street 12 #05-122 Singapure 510198 HP: 90230449 had repeated to the Police a non-injury traffic accident which occurred on <u>89405/2018</u> along Central Expressway towards City before Bukit Timuh Exit at about <u>6745hrs.</u>
 - a) Comptainant's vehicle: Vehicle No: GBF4691Z/Nissan Grey
 - Other Party details / vehicle;
 Mohanunad Syafiq Bin Mohd Radeaf 89201276Z
 Bik 122 Yishun Street 11#10-481 HP: 97310698
 FZ8624P/Honda Blue

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 94(2) of the Road Traffic Act, Cap 276.

Million was America-

Rank/Name of Issuing Officer: <u>SSgt Nur Amiral</u>:

Date: 09/05/2018 Time: 0947hrs Police Post/Unit: Kumpong Java NPC





Identification Card



















