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 <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.
- 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

aforesaid.				
	ACCIDENT STATEMENT			
Date Of Report	10/02/2018 16:37			
Date Of Accident	10/02/2018 12:25			
Exact Location Of Accident	ONAN ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SFN6555G			
Insured/Policyholder				
Name Of Registered Owner	ABDUL HAMID SULTAN			
NRIC No	S1592935I			
Email Address	SULTANABDULHAMID@YAHOO.COM.SG			
Mobile Phone No	(LOCAL) +65-96896667			
Alternative Phone No	HOME-67470072			
Vehicle Particulars				
Manufacturer	SUBARU			
Model	FORESTER-2.0 XT (A) - MI CLASS			
Exact Purpose for which vehicle was being used a time of accident	t LEISURE			
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	1700011052V1			
Cover Note Number				

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Name of Driver ABDUL HAMID SULTAN

 NRIC No
 \$15929351

 Date Of Birth
 09/12/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 28/02/1990

Driving Experience 27 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96896667

Fax Number

Contact Number HOME-67470072

EMail Address SULTANABDULHAMID@YAHOO.COM.SG

Address

Postcode

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

-

1

Insurance Company of Driver's Own Vehicle

-

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

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?

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? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: TO BE ATTACHED

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SBG2100X

Vehicle Make/Model/Colour MERCEDES BENZ/E200

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LOW HAN CHEONG

NRIC/Passport Number S0065028E

Contact Number

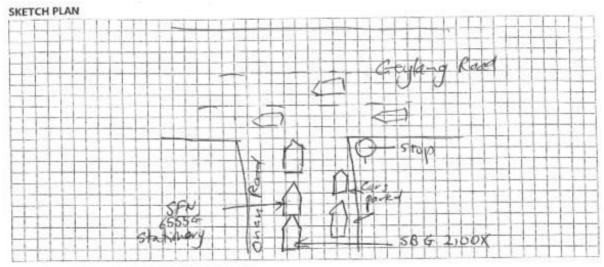
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCOUNT
I was driving home after a neeting at
Muslim Conserts Association on 10/2/2018.
I drove out of the said Association into
Onan Road. I stopped my car SFN 6555G
behind a car ahead of me which
was waiting for the trappic along Geyland
Road to be clear, Whith I was stationery
and waiting for the car ahead of
me to move into Geylang Road
the driver of motor vehicle Mercedez Benz
number SBG 2100X collided into my rear.
I came out of my car. The dister of SBG 2100X
reversed his car before I could take
pictures of the point of collision.
I asked him why he moved his car
I why he collided into my rear atthough I
was stationary. He admitted be it was
his mistake. We exchanged particulars 4
left. There was no damage to SBG 2100X
There was damage to the year of my car.

DECLARATION

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

Policyholder's Signature Date & Time: 10/2/2018 (a) 2.40 GIARME Sketch Plan Form VI

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10 / 2 / 20 (5)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

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- 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)

Lunderstand, 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)
 - (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
- (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.
- 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.

Driver's Signature

(If driver is not the policyholder)

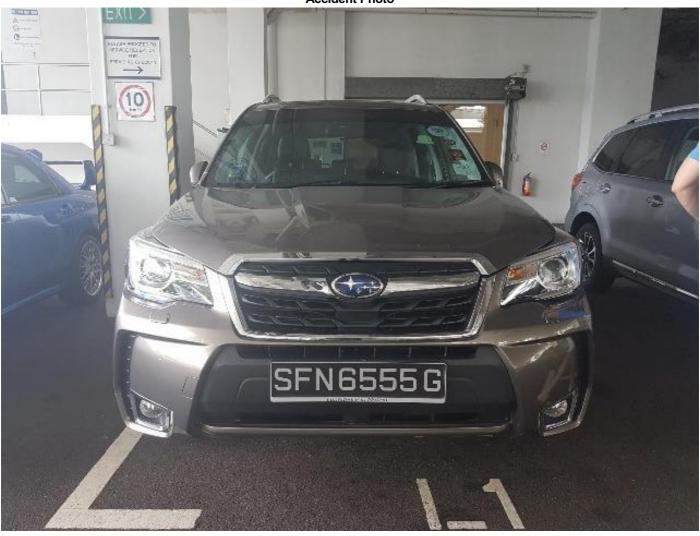
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC StatchPlanForm, V3



SFN6555G















