

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	07/08/2018 17:33
Date Of Accident	05/08/2018 17:00
Exact Location Of Accident	OPEN CAR PARK AT COURTS PASIR RIS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7868T
Insured/Policyholder	
Name Of Registered Owner	ZAILAN BIN MUSTAFFA
NRIC No	S1786009G
Email Address	ZAILAN.NUSTAFFA@EMIRATES.COM
Mobile Phone No	(LOCAL) +65-91766337
Alternative Phone No	HOME-65842618

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	OUTLANDER-2.4 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	2100481867-01
Cover Note Number	

Driver

Name of Driver	ZAILAN BIN MUSTAFFA
NRIC No	S1786009G
Date Of Birth	25/03/1967
Occupation	INDOOR
Date Of Driving Pass	11/07/1994
Driving Experience	24 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91766337
Fax Number	
Contact Number	HOME-65842618
EMail Address	ZAILAN.NUSTAFFA@EMIRATES.COM

Address 6 LOYANG VIEW SINGAPORE
 Postcode 507264
 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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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
 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) 0

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

I PARKED MY VEHICLE SLF7868T ON THE 5TH AUGUST IN AN OPEN CAR PARK AT COURTS @ 1600 HOURS. WHEN I RETURNED TO MY VEHICLE, I SAW A NOTE AT MY WINDSCREEN WHICH READ THAT MS. LOH HAD REVERSED AND HIT MY VEHICLE. SOON AFTERWARDS, SHE APPROACHED ME AND APOLOGIZED AND TOLD ME TO CLAIM THE DAMAGES THROUGH HER INSURANCE. WE EXCHANGED PARTICULARS AND WENT OUR SEPARATE WAYS. THAT IS ALL.

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 SFA2080D
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver LOH HAN LE
 NRIC/Passport Number S9224052E
 Contact Number 81381592
 Address 33 LORONG 7 REALTY PARK
 Postcode 536791
 Insurance Company Name GREAT AMERICAN INSURANCE COMPANY
 Nature Of Damage
 No. Of Passenger (Including Driver)



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION

Date of Report:	7th AUGUST 2018	Time:	640 HRS
Date of Accident:	5th AUGUST 2018	Time:	1700 HRS
Exact Location of Accident:	OPEN CARPARK AT COURTS PARK RIS		

DETAILS OF OWN VEHICLE

Vehicle Registration Number:	SLP7868T	Name of Registered Owner:	ZAILAN BIN MUSTAPPA
NRIC/Passport No./FIN:	S178600916	Company Reg. No.(for Company Veh):	N.A.

VEHICLE PARTICULARS

Manufacturer:	mitsubishi	Model:	OUTLANDER
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire		

INSURANCE DETAILS

Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	2100481867		
Driver when the Accident Happen	Name of Driver: ZAILAN BIN MUSTAPPA NRIC/Passport/Fin No: S178600916		
Date of Birth:	25/3/1967	Occupation:	SACCS MANAGER
Date of Driving Pass:	07/07/2003	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	91766337	Home No.:	65842618
Address:	6 LOYANA VIEW	Postal Code	507264
Email Address:	zailan.mustappa@emirates.com		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured		
Vehicle Registration Number of driver's Own Vehicle:	N.A.		
Insurance Company:	N.A.		

OTHER INFORMATION OF THE ACCIDENT

Type of Accident:			
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Number of Passengers(Including Driver):	4
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was there any video captured by your Camera? :	
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was there any audio recording? :	
Which Police Station:	N.A.		
Was notice of Intended Prosecution given :			

DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)

Vehicle Registration Number:	SFA2080D	Name of Registered Owner:	LOH HAN LE
NRIC/Passport No./FIN:	S9224052E	Company Reg. No.(for Company Veh):	
Name of Driver:	LOH HAN LE	NRIC/Passport/Fin No:	S9224052E
Mobile No.:	81381592	Home No.:	
Address:	33 LORONG 7 REALTY PARK	Postal Code	536791
Email Address:			
Insurance Company:			

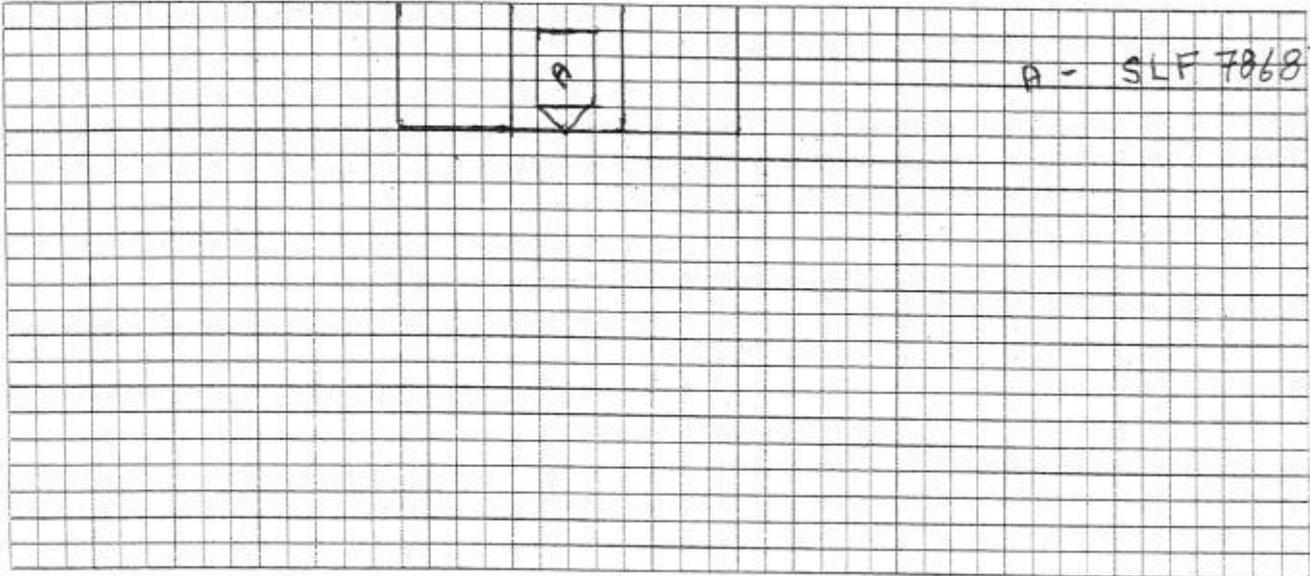
Details of Passenger if any

Passenger Name:	N.A.
Contact Number:	N.A.
Gender:	N.A.

Details of Injured Person

Name:		Age:	
Address:	N.A.		
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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WE EXCHANGED PARTICULARS AND WENT OUR SEPARATE WAYS.

THAT IS ALL.

DECLARATION

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

[Signature]
 Policy holder's Signature
 Date & Time: 1640
 7/9/2018

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 1640
 7/9/2018

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:



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: 1640

7/9/2018



Driver's Signature

(If driver is not the policyholder)

Date & Time: 1640

7/9/2018



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

