### 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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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7. By the lodgement of this report to the insurers, you hereby conseaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available			
	ACCIDENT STATEMENT			
Date Of Report	15/10/2018 09:36			
Date Of Accident	14/10/2018 18:40			
Exact Location Of Accident	PIE TWDS TUAS NEAR EXIT OF TOH GUAN			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLJ3220S			
Insured/Policyholder				
Name Of Registered Owner	MOHAMAD SUFFIAN BIN SALLEH			
NRIC No	S7923047B			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-90225606			
Alternative Phone No	Office-90225606			
Vehicle Particulars				
Manufacturer	NISSAN			
Model	QASHQAI-1.2 DIG-T (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	REPORTING ONLY			
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	2100492925-01			
Cover Note Number				
Driver				
Name of Driver	MOHAMAD SUFFIAN BIN SALLEH			
NRIC No	S7923047B			
Date Of Birth	07/08/1979			

**INDOOR** 

04/04/2005

13 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90225606

Fax Number

Contact Number OFFICE-90225606

EMail Address NOEMAIL

Address 145 LORONG 2 TOA PAYOH

#04-300

Postcode 310145 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

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#### **General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING

Road Surface WET

#### 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?

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) 3

Passenger 1 Name: : NOR RAIDA BINTE MOHAMED NOOR

NO

NO

Gender: : Female

Passenger 2 Name: : NUR RAYYAN SYAFFIQAH BTE MOHAMAD SUFFIAN

Gender: : Female

## **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 ATTACH

## Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJG3267Y
Vehicle Make/Model/Colour HONDA WHITE

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SOH ENG HAN ALVIN

NRIC/Passport Number S8013501G Contact Number 87501056

Address 808B CHOA CHU KANG AVE 1

#08-574

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 3

Passenger 1 Name: : unknown

Gender: : Female

Passenger 2 Name: : unknown

Gender: : Male

#### SKETCH PLAN

#### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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: 15/10/16@ 040/49S

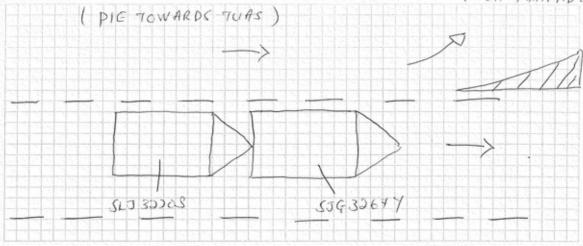
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date:	14/10/2018		Accident Time: /8	HOHRS	AM / RM
Accident Location:	DIE EXPRESSIVAY TOW	ARUS TUAS	, NEAR EXIT	of 70H	GUAN
	- Details	of ci	rcumst	tance	s s -
ON	THE ABOVE DATE, TIME	AND PLACE	; WHILST DRI	VING ALO	NG PIK TOWARDS
TUAS, M	Y VEHICLE ( SZJ 87305	) was inv	OLVED IN A	MINOR R	OAD TRAFFIC ACCIDENT
(without /	THY INJURES TO PART	IES HAR IN	rowen) WIT	H ANOTH	ER S'PORE-REGISIERE
	SJG 3267Y / HONDA/	The Control of the Co		The second second second	PURCHED TO THE REAL PROPERTY OF THE PROPERTY O
PRIVERS A	XCHANGED PARTICULA	INS AND T	ook PHOTOS	VIA RESPE	CTIVE HANDPHINES.
BOTH LET	FT UCENE WITHOUT A	NY ALTER	CATION.		
DETAILS	of PRIVER (506.	2677)		Patient,	<b>对其他是对抗的</b>
	FNG HAN, ALVIN	Control of the Contro			
NRIC	: 580133616	PDD: 6	18086 CHOA CH	u tang av	E 1 # 08-574 S182808
Remarks	: BI CHAIMED THA	1 VEHICLE	IS RENTAL A	NO THAT	HE IS A GRAB
STEEL STATE	DRIVER. VEHICLE I	NCLUPES 70	NO CITER PAS	SENGERS;	ONE MALE AND DINE FO
WEATHER	CONDITION . WET	ROAD W	1174 DR122L	ING.	是2000年2月2月2日
ROAD (	MATTICN : JAM	(Bumper	TO BUMPETO	) WITH	EXTREME \$19-41
Control of					D NEXT EXIT;
		15211231			JURONG TOWN HALL)
3rd party det	ails below:-				
3) Veh No: CJ4	32674 Hp No: 87501056	Pax incl driver:	Driver name: くっ	H ENG I	-IAN, ALVIN
C) Veh No:	Hp No:	Pax incl driver:	Driver name:		

### DECLARATION

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

Policyholder's Signature
Date & Time: 15 10 18 P 1950 Hts (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:













