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 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.
- 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	20/11/2018 15:09
Date Of Accident	19/11/2018 15:30
Exact Location Of Accident	FARRER ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL7375D
Insured/Policyholder	
Name Of Registered Owner	LIM IN IN
NRIC No	S7474241F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98240519
Alternative Phone No	OTHERS-98240519
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESTIMA-2.4 AERAS (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100361935-05
Cover Note Number	
Driver	

Name of Driver ABDUL RAHIM BIN JAFFAR

 NRIC No
 \$1606512I

 Date Of Birth
 08/09/1963

 Occupation
 INDOOR

 Date Of Driving Pass
 22/03/1984

Driving Experience 34 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98240519

Fax Number

Contact Number OTHERS-98240519

EMail Address NOEMAIL

Address BLK 23 CHOA CHU KANG CENTRAL

#02-241

Postcode 680223

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

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

Was any other material or property damaged? YES

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

NO

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Number of Passengers (Including Driver)

Passenger 1

NAME: : EMPLOYER SON

GENDER: : MALE

Passenger 2 NAME: : EMPLOYER DAUGHTER

GENDER: : FEMALE

Passenger 3 NAME: : EMPLOYER DAUGHTER

GENDER: : FEMALE

Passenger 4 NAME: : MAID

GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 SHA4257A

Vehicle Make/Model/Colour

3HA42311

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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)
 - (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
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	Awn4	FRRENC	loop	Tourseas	Heurno ROAD
					(A) SKL 73750
		A			(B) SHA 425 FA
		a			
	ON 19			At 15:30	urs, I was travelling
glon6	furrer Ro	Town	do Ho	lland	.The traffic was on
slan m	into As	7 ms	headin	s slow, all	of a sudden, I felt
an han	d impact	from the	lear-	then I k	polised a try SHA 73750
had rol	lided out	mp hed	r. The	at's all	
DECLARATION	foregoing particu	lass and to be	ener energy		
i/ we deciare the	toregoing particu	lars are true in ev	rery respect.		av 20/u/20c8
Policyholder's Sigr Date & Time:	nature	Driver's Sign (If driver is a Date & Time	not the policy	holder)	Name: NRIC/FIN No.:

GIARMC SketchPlanForm_V3





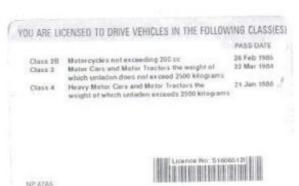


ABDUL RAHIM BIN JAFFAR

MALAY DB-09-1963 M SANGAPORE

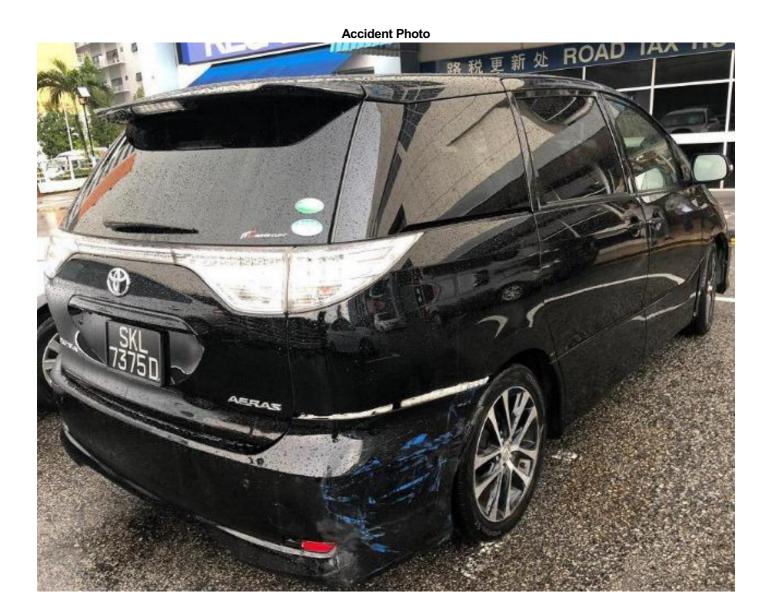


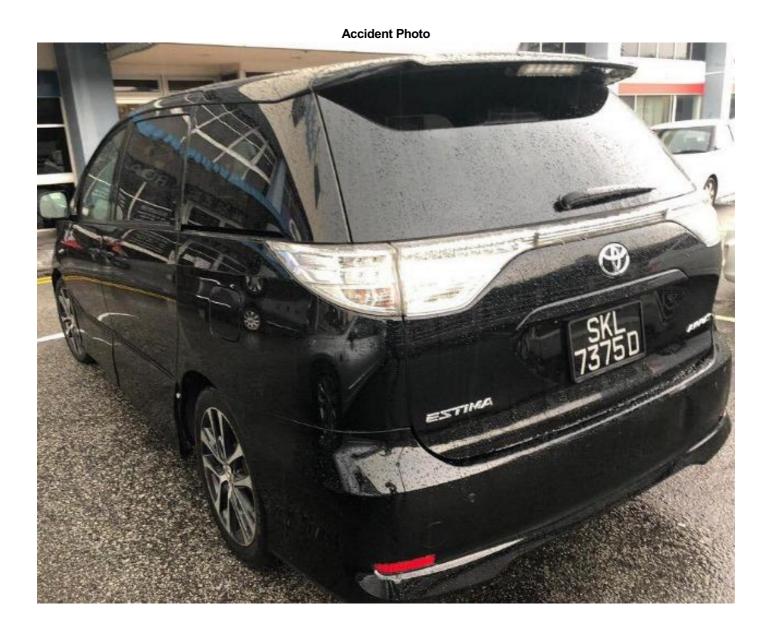




Accident Photo











Accident Photo

