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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	21/01/2019 16:13		
Date Of Accident	19/01/2019 12:20		
Exact Location Of Accident	JURONG TOWN HALL TOWARDS JURONG EAST		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLL5990D		
Insured/Policyholder			
Name Of Registered Owner	NURRASILAH BINTE ABDUL RAHMAT		
NRIC No	S8937774I		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-86111899		
Alternative Phone No	OTHERS-86111899		
Vehicle Particulars			
Manufacturer	NISSAN		
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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	2100503022-01		
Cover Note Number			

Driver

Name of Driver NURRASILAH BINTE ABDUL RAHMAT

NRIC No S8937774I

Date Of Birth 01/11/1989

Occupation INDOOR

Date Of Driving Pass 23/03/2013

Driving Experience 5 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-86111899

Fax Number

Contact Number OTHERS-86111899

EMail Address NOEMAIL

Address BLK 441 JURONG WEST AVENUE 1

#01-704

Postcode 640441

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

4

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

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 SLJ1327G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SGW9858D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLX2768L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 3 of 12

Accident Sketch Plan

SKETCH PLAN

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 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 the purpose of the collective of the purpose of the collective of the purpose of the collective of the purpose of the purpose of the collective of the purpose of the purpose of the collective of the purpose of the pu
 - 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:
 - 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:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN			
			(A) SLL 5990D
			(B) SLJ 133)G
		C	(c) SQW 9858D
			(b) SLX 27 68L
		D	
		A	Jumpy town hall towards
		B	Junny East.
	3	1 2 1 1	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT		
On 19	01 2019 01	anual man	hrs. I was driving along
Jumpy Town	Hall toward	Juping Ea	of at lane 2. Vehicle in
front stopped	1 发 工 粉川	ow orit.	All of sudden, I felt an
	2		,
impact Jum	beging. Ou	e to the impo	act my ar move forward
& hit aga:	ener which	in front	of me. Total 4 ars
			of me . To find the
involved in	chain collis	04 -	
CLARATION			
Ve declare the foregoing parti	culars are true in every	respect.	
A	G		2/01/9
icyholder's Signature	Driver's Signatur	e	Reporting Centré Personne 's Signature
te & Time:	(If driver is not the Date & Time:	ne policyholder)	Name: NaO . I MATRIE

GIARMC SantchPlanForm_V1





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE Class 3A Molor cars without clutch pedals (Auto) = <3000g 20 Mar 2013 with =<7 peasangers, exclusive of the driver; and other meter vehicles without clutch pedals =< 2500kg







Accident Photo



Accident Photo



NISSAN SJNFEAJ11U1807814 1880 kg 2880 kg 1- 980 kg 2- 980 kg

Type FEAJ11 Colour, Trim NAJ G

Model FRLARBZJ11UEA - - A - -

Accident Photo

