

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 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.

ACCIDENT STATEMENT

Date Of Report	06/02/2019 16:13
Date Of Accident	06/02/2019 16:00
Exact Location Of Accident	519 TAMPINES CENTRAL 8, SINGAPORE 523519
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4185U
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Insured/Policyholder

Name Of Registered Owner	NUR 'ADILAH BINTE SUHAIMI SALLEH
NRIC No	S8837689G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90993249
Alternative Phone No	Office-90993249

Vehicle Particulars

Manufacturer	KIA
Model	K3

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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800041998
Cover Note Number	

Driver

Name of Driver	NUR 'ADILAH BINTE SUHAIMI SALLEH
NRIC No	S8837689G
Date Of Birth	02/10/1988
Occupation	INDOOR
Date Of Driving Pass	03/04/2007
Driving Experience	11 YEARS AND 10 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-90993249
Fax Number	
Contact Number	OFFICE-90993249
EMail Address	NOEMAIL
Address	519A TAMPINES CENTRAL 8 #04-05 SINGAPORE
Postcode	521519
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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	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.	NO
Number of Passengers (Including Driver)	5
Passenger 1	Name: : ADILAH SUHAIMI Gender: : Female
Passenger 2	Name: : ALEENA HAFSAH Gender: : Female
Passenger 3	Name: : AHMAD HAFIY Gender: : Male
Passenger 4	Name: : NUNUNG 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

REFER TO ATTACHED REPORT

Attachment(s)

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

Remarks/ Reasons:
Was there any audio recorded?

WITH OWNER
NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC8178M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VINCENT
NRIC/Passport Number	
Contact Number	91115400
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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) 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:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Diagram illustrating a network topology:

- Node A (top)
- Node B (right)
- Node To MSC.P. (bottom)

Connections are shown between the central node and each of the three peripheral nodes.

B: PC 2178 m

- Driving straight along HDB entrance at central f. Temples.
- Black van in front, turning into NSCP.
- Behind him quite a distance.
- Anticipated the van turn is quicker.
- Did not accelerate while behind.
- Realised he still haven't turn in yet.
- My side light hit the left rear bumper of black van.

INSURER: ALG.

VEHICLE: SLZ 41854

DOA: 6/2/19

CLAIM TYPE: OD.

WORKSHOP: KES.

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

[illegible]

Date & Time: 07/02/17 5.50 pm.

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



INTERVIEW FORM

AIG ASIA PACIFIC INSURANCE PTE LTD

MOTOR ACCIDENT INTERVIEW FORM

NAME (DRIVER) : mohd Ariff Bin Mohtar .
VEHICLE NUMBER : SLZ 41854
DATE/TIME OF ACCIDENT : 6/2/19 16.00
PLACE OF ACCIDENT : 519 Tampines Central 8
THIRD PARTY VEHICLE (IF ANY) : PC 8178m

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

Suntec City - Tampines Central

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?


NO

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

Front to Rear

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

NO


Name:

I Affirmed The Above Information Is Given To My Best Knowledge.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8832015H



Name
MOHAMMED ARIFF BIN
MOHTAR

محمد عريف بن مختار

Race
MALAY

Date of birth Sex
01-09-1988 M

Country of birth
SINGAPORE

S8832015H

SLZ 4185U.

3393897



NRIC No. S8832015H



Date of issue
08-09-2003

APT BLK 519A TAMPINES CENTRAL 8 #04-05
SINGAPORE 521519

NRIC No: S8832015H Date: 16/05/2015

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

