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.
- nort to the inont to the ort at the

7. By the lodgement of this report to the insurers, you hereby conse aforesaid.	nt to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/02/2019 13:32
Date Of Accident	12/02/2019 17:40
Exact Location Of Accident	53 UBI AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF1994P
Insured/Policyholder	
Name Of Registered Owner	ROSLAN BIN HUSSAIN
NRIC No	S2071379H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98366357
Alternative Phone No	Others-67946544
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
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	1800123930
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FARHAN BIN ROSLAN
NRIC No	S9444590F
Date Of Birth	03/12/1994

OUTDOOR

15/07/2014

4 YEARS AND 6 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-98366357

Fax Number

Contact Number

EMail Address FARHANROSLAN12@OUTLOOK.COM

Address BLK 650A JURONG WEST STREET 61 #06-266

Postcode 641650

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

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?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

2

YES

NO

YES

NO

1

YES

NO

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

TEL NO: 65470000 - FAX NO: **Police Station Contact**

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHMENT

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 SKM2475B

Vehicle Make/Model/Colour NISSAN SYLPHY/RED

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

JULIANA

NRIC/Passport Number

Contact Number 81390855

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FARHAN BIN ROSLAN

Approximate Age

Injuries Sustain SPRAIN NECK & WRIST

Injured person in which vehicle? SMF1994P

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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. 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.
- 7. 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:

- 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
- (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: /3.02-19

11:100m

Driver's Signature

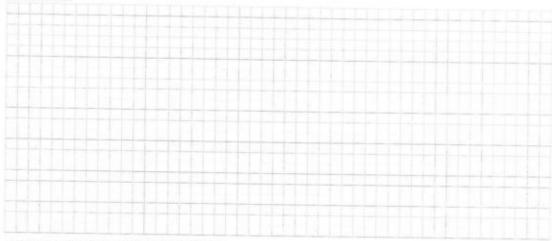
(If driver is not the policyholder)

Date & Time: 13/02/19

11:10 am

Reporting Centre Personnel's Signature

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

west to Forg Kin opproading beside the you Was deuly inched Suddenly a red Nissan scoon (SKM2458) appeared and of front left gide of car. The ear was not following premises which would have captured the uchide-11 vehicle in time instead of driving browns, cousing the brakes very hold, only to have visited the duter

DECLARATION

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

Policyholder's Signature Date & Time: 13/02/14

10ct-3 11:25 AM

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

Date & Time: 13 /00/19

11:25 AM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



















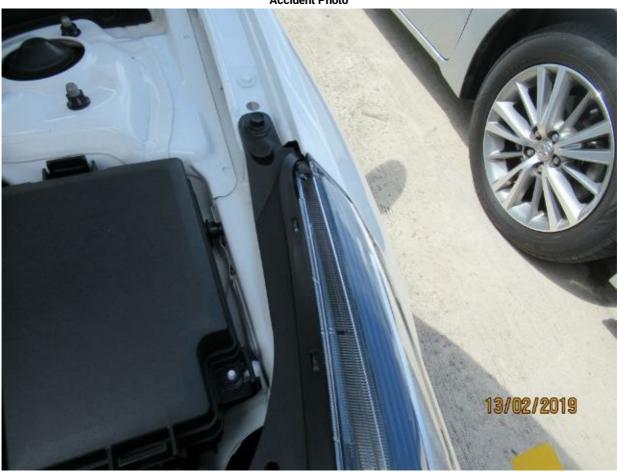












Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20190213/7002

REPORT OF A TRAFFIC ACCIDENT

	me Report I 019 01:17	Made:	Vide Report No.:	Station Diary No.
Informa	nt's Partic	ulars		
	f Informant MAD FAR	HAN BIN ROSLAN	Address: APT BLK 650A JURONG WE SINGAPORE 641650	ST STREET 61 #06-266
	/ ID No.: 0 / \$94445	90F	Contact No.: Home/Office:	Mobile: 98366357
National SINGAP	ity: ORE CITIZ	EN	Email: farhanroslan12@outlook.com	
Sex Male	Age: 24	Date of Birth: 03/12/1994	Type of Informant. Driver	
Race: Javanes	e		Language: English	Institution / School Name:
Occupat	ion:		Driving Licence Information: Class:	Date of Expire

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2019 17:40	Type of Location Car Park
Location: UBI AVENUE	1			
Weather		Dond Curface:	-	
Weather: Clear		Road Surface: Dry		load Speed Limit 0 Km/h
			2 T	

Details of V	ehicle Invo	lved				
	Type	Make	Model	Color	Condition	No of Passenge
GBF9032T	Van	NISSAN		Grey	No Damage	0
SKM2475B	Car	NISSAN	Sylphy	Red	Slightly Damaged	0
SMF1994P	Car					0

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20190213/7002

CONTINUATION OF REPORT

Details of Perso Any Pedestrian I				
No. of Pedestrian		Use of De	destrian Cros	niner MA
Driver		10000110	Ouginal Cius	origi nen
Name	Juliana		ID No.	NIL
Related Vehicle	SKM2475B (Car)		Contact No.	81390855
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIIL Date of Expiry: NII
Date Treatment	NII. Date Dist			
No. of Days gran	ted Medical Leave NIL		Injury NIL	
Driver		-	11111	
Name	MUHAMMAD FARHAN BIN ROSLAN		ID No.	S9444590F
Related Vehicle	SMF1994P (Car)		Contact No.	98366357
Hospital/Clinic	BANYAN CLINIC @ JW	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment				
No. of Days grant	ed Medical Leave 03	Degree of		

Brief Details.

On 12 February 2019, at 2:50pm, I went to Fong Kim Exhaust Pie Lte at 53 Ubi Avenue 1 #01-01 Pays. Ubi Industrial Park to do adjustments on my suspension. Upon completing, I was leaving the premises and was heading to meet my fisnee. On my way out. I needed to make a right turn to exit. I slowed my wehicle before the stop line to look for cars or vehicles approaching. I observed a van (GBF9032T) on the left of the stop line, which was parked on a yellow zigzag line. Then when I inched out to check again beside the van, it was clear. I show he had so the stop line, which was parked on a yellow zigzag line. Then when I inched out to check again beside the van, it was clear. I showly inched forward to make a right turn. Suddenly A red Nissan sedan (SKM24795) appeared out of nowhere and brushed my front side of my car. The car was not following the speed limit indicated at the premises. There are cameras at the premises which would have captured the incident. The driver (she) came out and started blaming me for the accident. Despite telling my claims, she insisted that it was my fault. This is not my first time there and I am aware of the dangers of parked vehicles. If only she had flowed the speed limit, she would have managed to stop the vehicle in time instead of driving forward, causing more damage to the vehicle. I had to press the brakes very hard, only to have sustained strain on my neck and wrist. I had visted doctor and was given 3 days of MC.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20190213/7002

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Signature Of Inferpreter:
Not applicable

Date/Time:
13/02/2019 01:17

Officer in Charge Of Case:
TP J TPHQ /
ONG YONG HOCK
Contact No.: 65478436

Authentication Stamp
NP188