

MPA119019167 / Premium Automobiles Pte Ltd - UBI  
 ENTRY DATE & TIME: 11/02/2019 20:20  
 SUBMITTED BY: Mastura Binte Osman Basah

## 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	11/02/2019 20:20
Date Of Accident	10/02/2019 17:15
Exact Location Of Accident	BEDOK ROAD TOWARDS NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS2279H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD AADIL BIN DAFIR
NRIC No	S8520298G
Email Address	AADIL.DAFIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90127124
Alternative Phone No	Others-90127124

### Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.0 TFSI 8V
Exact Purpose for which vehicle was being used at time of accident	PRIVAE USE

Are you claiming under your own insurance policy for repair to your vehicle? YES

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	1700050102
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD AADIL BIN DAFIR
NRIC No	S8520298G
Date Of Birth	25/06/1985
Occupation	INDOOR
Date Of Driving Pass	15/06/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90127124

Fax Number	
Contact Number	OTHERS-90127124
EMail Address	AADIL.DAFIR@GMAIL.COM
Address	BLK 671A EDGEFIELD PLAINS #16-515
Postcode	821671
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	- - -

**General Information of the Accident**

Type Of Accident	COLLIDED INTO MOTORCYCLIST
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?	YES
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
Number of Passengers (Including Driver)	2
Passenger 1	Name: : SITI NURRAIDAH Gender: : Female

**Details of Police Action**

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TANAH MERAH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 51 NEW UPPER CHANGI ROAD #01-1514 , <b>POSTCODE:</b> 461051 <b>, COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4499999 - <b>FAX NO:</b> 62447251
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

**Circumstances of Accident**

REFER TO POLICE REPORT NO: T/20190210/2084

**Attachment(s)**

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

**Details of Witness 1**

Name	KHAI
Phone Number	93847470
Email Address	

**Details of Witness 2**

Name	MIZI
Phone Number	84249365 / +6010292357
Email Address	

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	FBD9221A
Vehicle Make/Model/Colour	VESPA
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	DENNIS FOO KUI FAH
NRIC/Passport Number	S7374614J
Contact Number	97559557
Address	BLK 4 PASIR RIS LINK #09-16
Postcode	518160
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBD9221A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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:

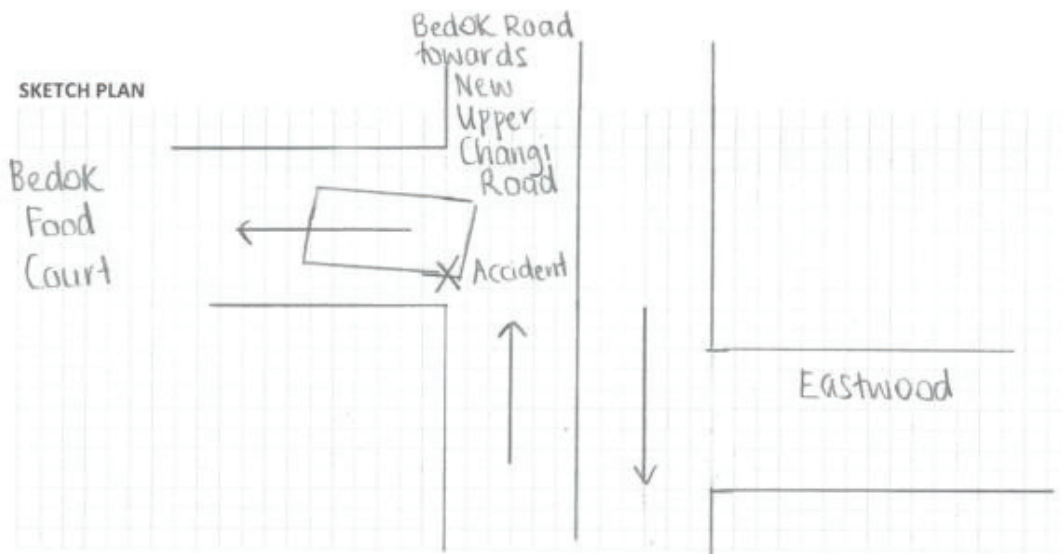
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

## Sketch Plan #2

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 10/02/2019 at about 1715hrs along Bedok Road towards New Upper Changi Road, I was travelling in my vehicle SLS2279H and was turning left into the carpark of Bedok Food Centre. I slowed down before the turn and signalled early before making the turn. After making the turn into the carpark entrance and while waiting for the barrier to open in 3-5 seconds, I heard a bang on the left rear of my vehicle. I then stepped out to check and saw a male rider of motorcycle FBD 9221A on the ground. The road was clear and the road conditions were dry with light traffic.

Mr Mizi was the motorcyclist directly behind me and he stopped to render aid to the injured rider. He informed me that he saw me signalling and subsequently slowing down to make the left turn. He mentioned to me that he saw the injured rider speed and overtake him from the left.

Mr Khai was in the yellow car behind me who also stopped to render aid. Mr Khai informed me that the rider was speeding at the bend earlier and rode recklessly overtaking from the left at high speed. Mr Khai informed me to call the police as he noticed the injured victim smelling of alcohol.

The victim refused conveyance to the hospital by ambulance.

**DECLARATION**

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

  
 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.: