SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

Gender

- 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.

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	ACCIDENT STATEMENT	
Date Of Report	18/02/2019 14:01	
Date Of Accident	07/02/2019 10:30	
Exact Location Of Accident	33 UBI AVENUE 3 3RD FLOOR CARPARK RAMP	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKJ3844D	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD	
Co Reg No	200710651D	
Email Address	S.FAHRULRAZI@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-98563601	
Alternative Phone No	OFFICE-98563601	
Vehicle Particulars		
Manufacturer	MERCEDES-BENZ	
Model	C180	
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	999994316	
Cover Note Number		
Driver		
Name of Driver	SHAIK FAHRUL RAZI IBNU SHAIK FAREED	
NRIC No	S8851940Z	
Date Of Birth	18/12/1988	
Occupation	INDOOR	
Date Of Driving Pass	05/08/2017	

1 YEAR AND 6 MONTHS

(LOCAL) +65-98563601

S.FAHRULRAZI@GMAIL.COM

OFFICE-98563601

MALE

Address BLK 856 WOODLANDS STREET 83

#02-14

Postcode 730856

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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 ON COLLISION

2

NO

NO

1

NO

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

Was any body injured in the Accident?

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

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

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 SCZ1122C

Vehicle Make/Model/Colour TOYOTA CAMRY

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAN KOK WEE
NRIC/Passport Number S1220151F

Contact Number 96390112/66598359

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- This report will be forwarded by the insurers to the GIA Records Mangement Centre establised by the General Insurerce 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 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.
- 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 socident (all insurer(s) who have insured vehicle(s) involved in this socident (all insurer(s) who have insured vehicle(s) involved in this socident shall be collectively referred to as the "Insurers"). The Insurers' taw yors/law firms, the Manetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

(i) processing, hundling and/or dealing with my claims including the asttlement of the claims and any recessary invoxingations 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 enqueies 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 wiell as on the external cover of stivelopes/mail packages); and/or

(v) compfying with applicable faw 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 Investa

Pulcyholder's Eignature of the Street is not the policyholder's Daile

Sketch Plan 4

A - SKJ 7844 D

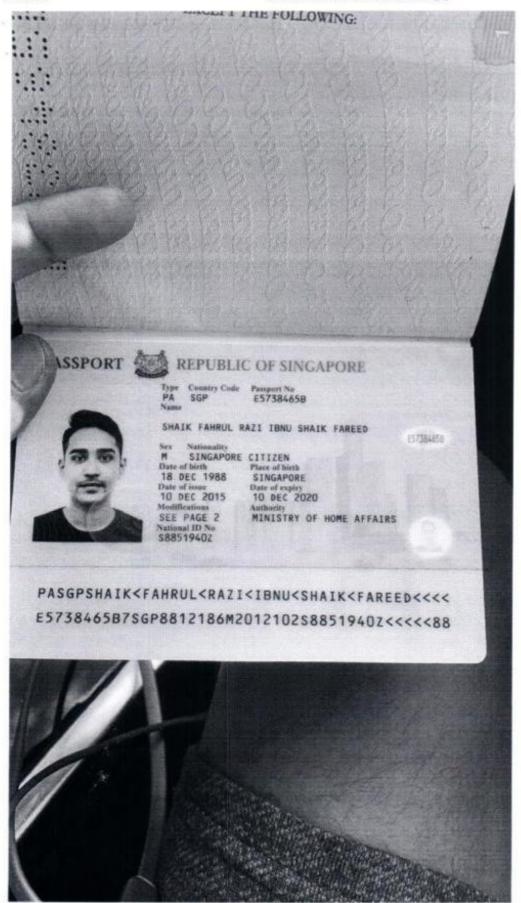
A - SKJ 7844 D

A R SCZ H224 S TOP

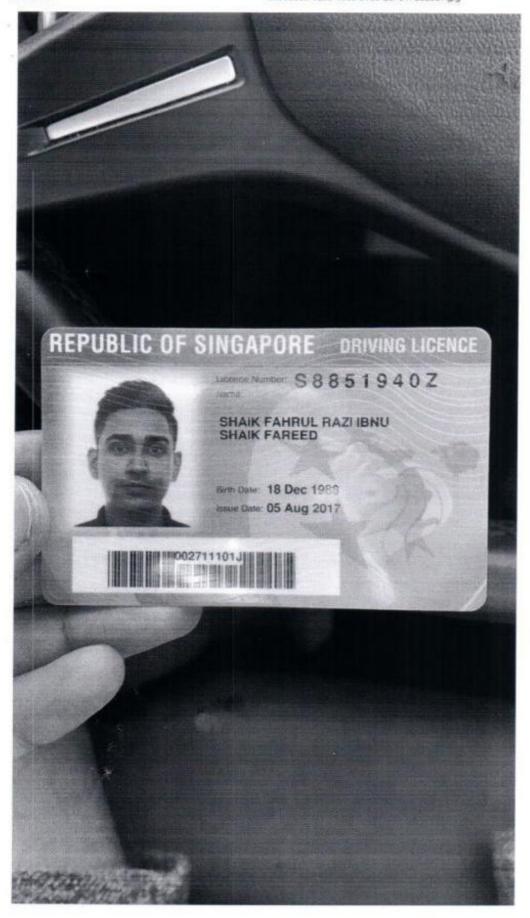
A R NSELL

Accident Sketch Plan

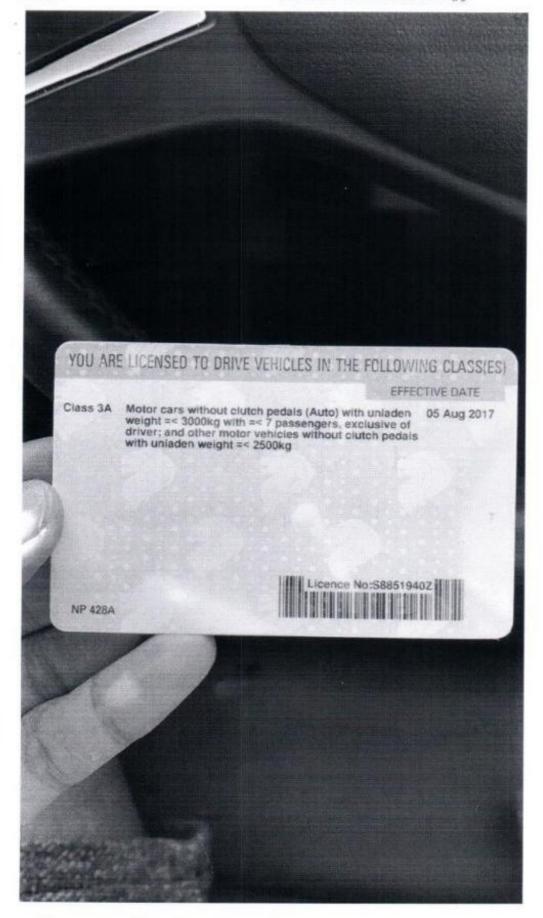
Describe Circumstance of the Acci	isent ¥
in-ter	10-3 cm, I Show Fahrul Razi tono Scala Formed was driving
SKJ38440 at Tower	Level 3 corpork. At this woment, a Togota carry, SCZ 11226
driven by Mr Tan K	OK WEE clished out from the side ramp without stopping at
the stop sign and co	lived with my Gr.
Just a little contier	before the collission. I had a steer out a little to pass a
stationery vehicle a	nd steer back to my intended path that the Toyota Commy Stepped a
the stop sign and s	lowed down, my car SXJ3B44D would have been able to
Steer ausid the collis	ion in time.



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