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	04/03/2019 19:01
Date Of Accident	04/03/2019 08:05
Exact Location Of Accident	ALONG PATERSON ROAD JUST AFTER ORCHARD RD JUNCTION
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	S3760CD
Insured/Policyholder	
Name Of Registered Owner	EMBASSY OF THE REPUBLIC OF POLAND
Co Reg No	-
Email Address	MRDANBASARI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96710593
Alternative Phone No	OFFICE-96710593
Vehicle Particulars	
Manufacturer	HONDA
Model	ODYSSEY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100425558-03
Cover Note Number	
Driver	
	HAMPAN BIN BAGABI

Name of Driver HAMDAN BIN BASARI

NRIC No S6847501E

Date Of Birth 17/12/1968

Occupation OUTDOOR

Date Of Driving Pass 07/03/1990

Driving Experience 28 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96710593

Fax Number

Contact Number OTHERS-96710593

EMail Address MRDANBASARI@GMAIL.COM

Address BLK 877 WOODLANDS AVENUE 8

#05-280

Postcode 730877

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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

ambulance?

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?

Was any injured conveyed to hospital by

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)

1

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? YES

Remarks/ Reasons: FILE TOO LARGE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG9899K

Vehicle Make/Model/Colour VOLKSWAGEN

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver V. UMA MAHASWARI

NRIC/Passport Number S2668992I Contact Number 93801758

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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:
 - 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

OF THE REPUBLIC OF POLAND IN SINGAPORE

435 Orchard Road #17-02/03 Wisma Atria Singapore 238877 Ty 465) 6235 9478 (CCCC) 25CC 25CC

Policyholder's Signature Date & Time:

03.09,2019

14100 PH

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

Date & Time: 5 4/4.

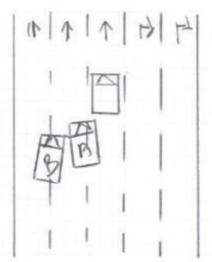
Reporting Centre Personnel's Signature

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

ALONG PATERSON JUST A F OCCUARD ROAD FUCTOR



) SLG 9899K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date- 4 March 2019, Time, - 08.00 hrs
I was driving along Paterson Road after Ordered Road Junction. As I was filtering to my left (que with Signal I check my 1884) lane was clear, as I was filtering to my left a car SLG 0899 K Suddenly come on my side and hit may front left side of my car.
EMBASSY OF THE REPUBLIC OF POLAND IN SINGAPORE 435 Orchard Road

DECLARATION Wisma Airiu

Singapore 238877

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

Fax: (65) 6235 9479

Date & Time:

15.04.2019 14:00 14

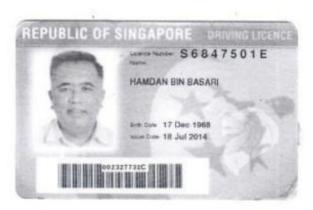
Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 4 19 140000







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars<< 2000kg with ><? passengers, exclusive 07 Mar 1990 of the driver, and other mater vehicles << 2500kg

96710593

Lionnoe No: 54647901E









