

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	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

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	
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
E-Mail 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

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?	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?	NO
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?	NO

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

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. 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:

- (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.

EMBASSY
OF THE REPUBLIC OF POLAND
IN SINGAPORE

435 Orchard Road
#17-02/03 Wisma Atria
Singapore 238877
Tel: (65) 6235 9478
Fax: (65) 6235 9479

Policyholder's Signature
Date & Time:

05.09.2019
14:00 PM

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

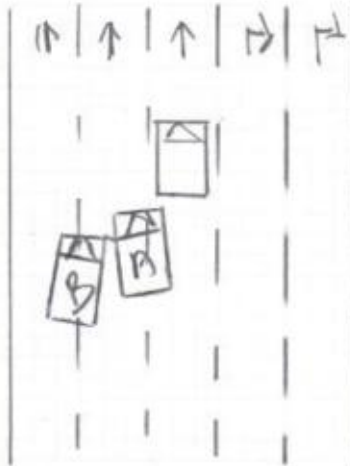
Date & Time: 5/9/19
14:00 hrs.

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ALONZ PARKERSON JURY
A/F OLIVER LOAN
JUNCTION



A) S3760C
B) SLG9899K

Date- 4 March 2019, Time, - 08.00 hrs

I was driving along Paterson Road after Orchard Road Junction. As I was filtering to my left lane with Signal, I check my left lane was clear, as I was filtering to my left a car SLG 989K suddenly come on my side and hit my front left side of my car.

EMBASSY
OF THE REPUBLIC OF POLAND
IN SINGAPORE
435 Orchard Road

DECLARATION

DECLARATION
Singapore 238877
i/We declare the foregoing particulars are true in every respect.
Fax: (65) 6235 9479

Policyholder's Signature _____

Date & Time:

15.04.2019

14:00 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5 Eq. 19
14 00 hrs

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6847501E



NAME
HAMDAN BIN BASARI

RACE
JAVANESE

Date of Birth
17-12-1968

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S6847501E

Name
HAMDAN BIN BASARI

Birth Date: 17 Dec 1968

Issue Date: 18 Jul 2014


1114826

License No. S6847501E



Valid Until
15-07-1993

APT BLK 877 WOODLANDS AVENUE 9 #05-280
SINGAPORE 730877

S6847501E 02/03/2014

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


EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 07 Mar 1990

96710593

NP 4-19

License No. S6847501E



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

