

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	11/03/2019 12:18
Date Of Accident	11/03/2019 08:25
Exact Location Of Accident	AYER RAJAH EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5205E
Insured/Policyholder	
Name Of Registered Owner	ZAWIAH BINTE MOHAMAD
NRIC No	S155553Z
Email Address	ZAWZAZULI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97281828
Alternative Phone No	Office-87191908

Vehicle Particulars

Manufacturer	NISSAN
Model	QASHQAI-1.2 (A)
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?	YES
If No, Please state action to be taken	
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	2100470908-02
Cover Note Number	

Driver

Name of Driver	ZAWIAH BINTE MOHAMAD
NRIC No	S155553Z
Date Of Birth	23/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1991
Driving Experience	27 YEARS AND 8 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-97281828
Fax Number	(LOCAL) +65-97281828
Contact Number	OFFICE-87191908
E-Mail Address	ZAWZAZULI@GMAIL.COM
Address	BLK 126 BEDOK RESERVOIR ROAD, #02-1049
Postcode	470126
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	CHAIN COLLISION
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	3
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.	YES
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

Refer 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	SKR5866K
Vehicle Make/Model/Colour	HONDA/SALOON/RED
Details Of Properties	FRONT DAMAGED
Vehicle Category	PRIVATE HIRE
Name of Driver	PHIRA UNADIREKKUL
NRIC/Passport Number	S8907343Z
Contact Number	90627992

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKC2196J
Vehicle Make/Model/Colour	OPEL/RED
Details Of Properties	REAR DAMAGED
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMMAD AYUB BIN KAMSANI
NRIC/Passport Number	S1613916E
Contact Number	97585489
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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: 11/3/19

12:55 pm

GIA/IC SketchPlanForm_V2

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

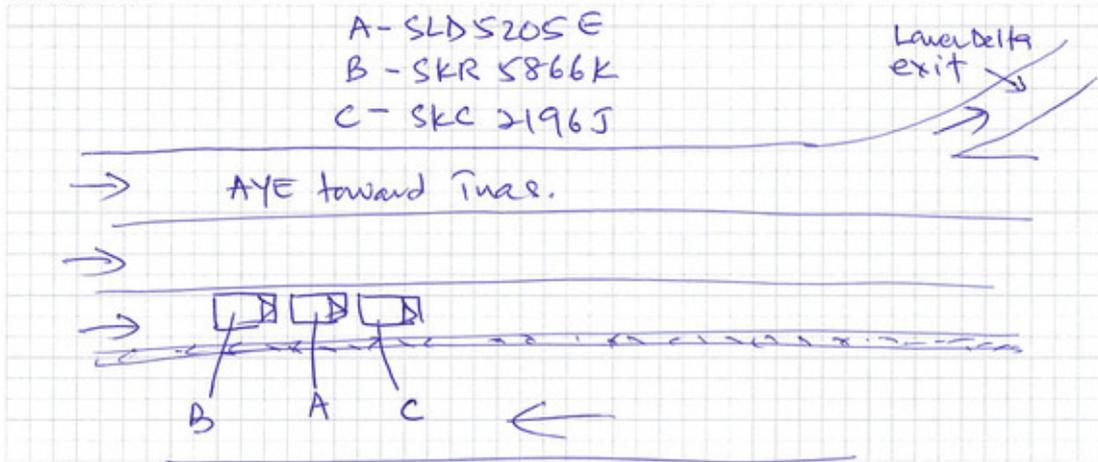
Name: *Hamsah Saad*

NRIC/FIN No.:

50162434B

RESOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 9656 FAX: 6346 7473

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While driving along AYE towards Tuas direction, before Lower Delta exit, traffic in front of me slowed down due to congestion. I reduced the speed on my vehicle "A" SLD 5205E to prepare to stop. Vehicle "B" SKR 5866K collided into the back of my vehicle "A". The impact caused my vehicle "A" to move forward and hit the back of vehicle "C" SKC 2196J.

DECLARATION

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

REVOLUTION INDUSTRIAL PTE LTD
 2 JOI ROAD #
 SINGAPORE 408623
 TEL: 6490 9666 FAX: 6346 7483

Policyholder's Signature

Date & Time:

11/3/19
 12:55 pm

Driver's Signature

(If driver is not the policyholder)
 Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Hamsah Saad
 S016243413

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of ZAWIAH BINTE MOHAMAD

Licence Number: **S155553Z**
Name: **ZAWIAH BINTE MOHAMAD**
Birth Date: **23 Mar 1962**
Issue Date: **04 Sep 2003**

Barcode: 000801785A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S155553Z

Portrait of ZAWIAH BINTE MOHAMAD

Name: **ZAWIAH BINTE MOHAMAD**

Race: **MALAY**
Date of birth: **23-03-1962**
Country/Place of birth: **SINGAPORE**

Sex: **F**
S155553Z

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

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jun 1991

Licence No: S155553Z

NP 428A

5834763

Portrait of ZAWIAH BINTE MOHAMAD

Barcode: S155553Z

NRIC No: **S155553Z**

Date of issue: **01-12-2017**

Address: **APT BLK 126 BEDOK RESERVOIR ROAD
#02-1049
SINGAPORE 470126**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



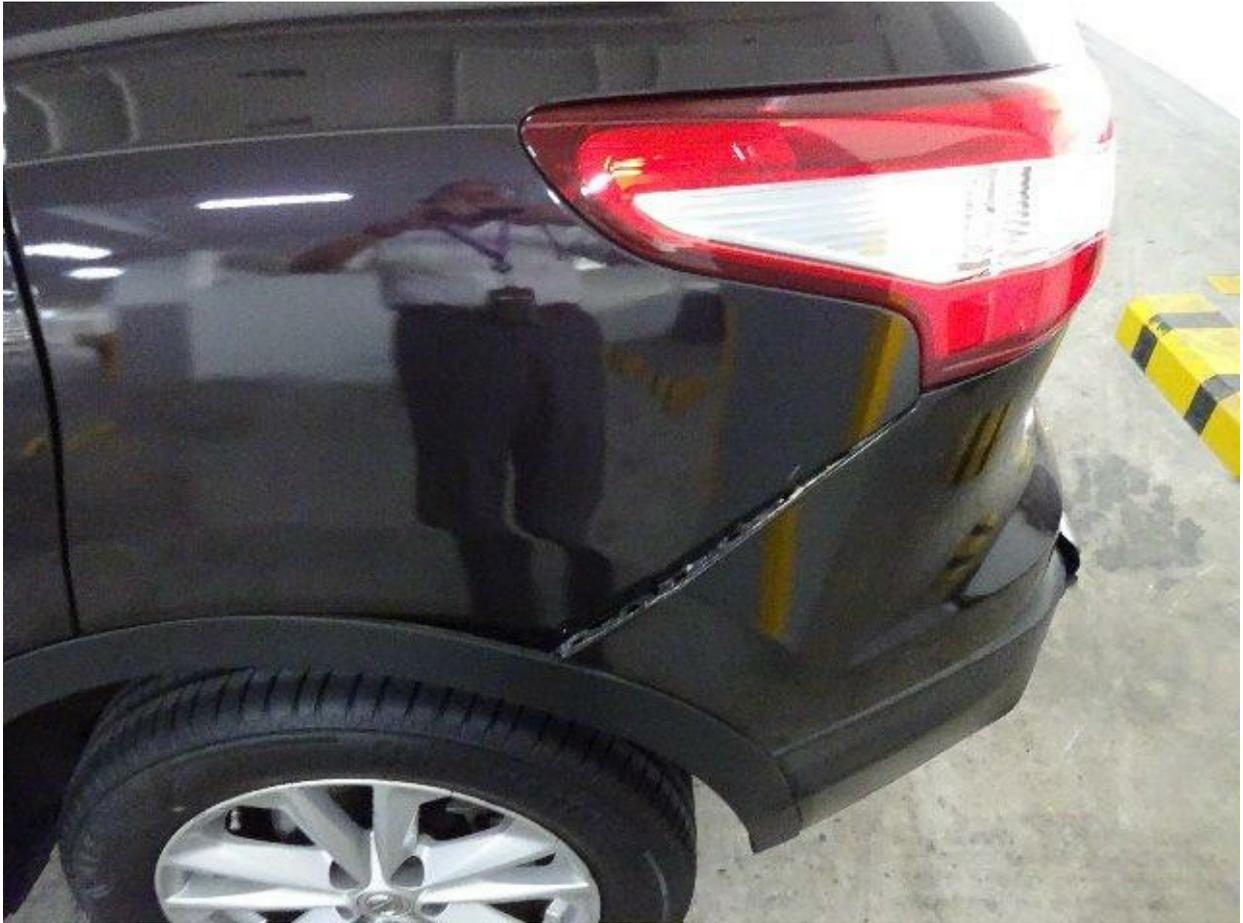
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Accident Photo



Accident Photo



Accident Photo



Identification Card



Accident Photo



Accident Photo

