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 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.		
	ACCIDENT STATEMENT	
Date Of Report	22/03/2019 14:25	
Date Of Accident	21/03/2019 18:20	
Exact Location Of Accident	TAMPINES AVE 10	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJR9975P	
Insured/Policyholder		
Name Of Registered Owner	MARIC & PARTNERS PTE LTD	
Co Reg No	201620701N	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-99999999	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	QASHQAI	
Exact Purpose for which vehicle was being used at time of accident	WORK	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
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	999994655	
Cover Note Number		
Driver		
Name of Driver	MOHAMAD ISA BIN ABDUL MUTALIB	
NRIC No	S8200094A	
Date Of Birth	07/01/1982	
Occupation	OLITOOOD	

OUTDOOR Occupation Date Of Driving Pass 08/02/2011

Driving Experience 8 YEARS AND 1 MONTH

MALE Gender

Mobile Number (LOCAL) +65-86684607

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 841 TAMPINES ST 83 Address

#02-124

Postcode 520841

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **RAINING** Road Surface WET

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? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

2

NO

NO

1

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT9107U

Vehicle Make/Model/Colour **NISSAN SYLPHY**

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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)
 - (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
- 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.

Maric & Partners Pte Ltd

Co Reg No 2015/0701N 9 Tagore Lane #03 04

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

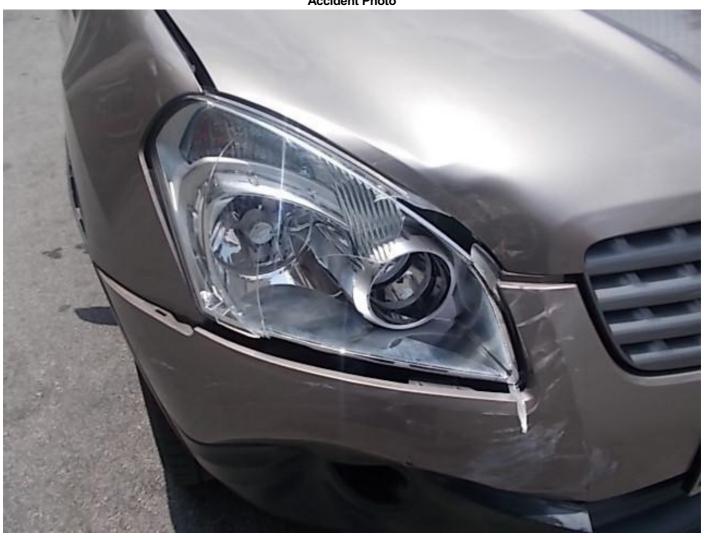
Individual Statement

SKETCH PLAN	TAMPINES AV	TAMPINES AVE 10				
	ÂB AB	11				
	1 1	V-A) SZR9975P				
	111	1 1 1 (V-B) SLT 91074				
DESCRIBE CIRCUMSTANCES	ASSESSMENT OF THE PARTY OF THE	7 7				
on the stated	dute and tim	u, I veh	we A' wa	s travelling on		
the stated venue.	I was travelle	ny strany	ht in my	lane and grown		
light in our fa	rour. The light	turned	amber i	when I was		
on the 2nd	arrow, ve	hicle "H"	was in	front of me		
and he sudden	ly Januel	brake.	I applied	my brakes		
immediately and	came to c	a stop,	however	it was raining		
heavily, it resi	Het my car	(ollided	against v	ehut 'B' rear		
left portion.	I wish	to starte	that n	o one was		
injuile.						
DECLARATION	enter movember and a second and a					
/We declare the foregoing particu	lars are true in every respec		0			
Maric & Partners Pte Policyf©derReign#sre 20162016 Date & TigeTagore Lane #1)3.04 Singapore 787472	IN Driver's Signature	:yholder)	Reporting Ce Name: NRIC/FIN No	ntre Personnel's Signature		











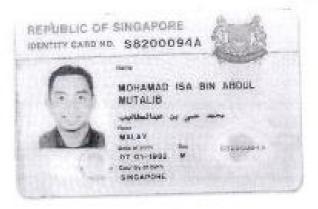






Identification Card









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