

## 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	01/04/2019 11:12
Date Of Accident	01/04/2019 06:55
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT (A/F TOH GUAN ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP8646H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	THINKISLAM17@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87773606
Alternative Phone No	OFFICE-87773606

### Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID
Exact Purpose for which vehicle was being used at time of accident	SENDING KIDS TO SCHOOL
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	999994528
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD RABI'EN BIN SANI
NRIC No	S8239202E
Date Of Birth	17/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2006
Driving Experience	12 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87773606
Fax Number	
Contact Number	OTHERS-87773606
EEmail Address	THINKISLAM17@GMAIL.COM

Address	BLK 187 BOON LAY AVENUE #21-66
Postcode	640187
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 TO REAR
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	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)	5
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : DAUGHTER FRIEND GENDER: : FEMALE
Passenger 4	NAME: : DAUGHTER FRIEND GENDER: : FEMALE

### 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?	NO
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9986G
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NIRVAL SINGH
NRIC/Passport Number	G2091342N
Contact Number	84117278/87798941
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident 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:

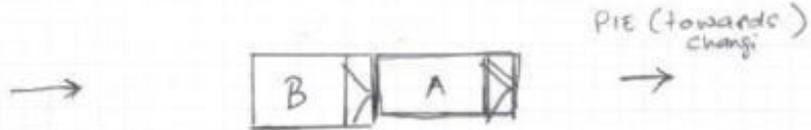
*[Signature]* 01-04-2019  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 01/04/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: *[Signature]*

Accident Sketch Plan

SKETCH PLAN

Pine Towers Office Airport (After Toh Guan Road Exit)



A) SLP 8646H  
B) GBC 9986G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01-04-2019, at around 0655hrs, I was travelling along PIE towards Changi Airport. ~~Traffic~~ was it was drizzling and the road was quite wet. As I was approaching toh tuk rd exit, just after the toh guan road exit, car in front of me started to brake and I done the same. Suddenly, a loud 'thud', my car was hit by a pick up / lorry from the back.

DECLARATION

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

Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 01-04-2019.

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Handwritten signature]*  
01/04/2019  
*[Handwritten signature]*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



