

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	08/05/2019 15:09
Date Of Accident	04/05/2019 21:25
Exact Location Of Accident	25 SCOTTS ROAD ROYAL PLAZA MSCP LEVEL 4 LOT 52
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9656Z
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SAIFUL.SAMSUDIN@HILH.COM
Mobile Phone No	(LOCAL) +65-83833735
Alternative Phone No	OFFICE-83833735

Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO
Exact Purpose for which vehicle was being used at time of accident	VAN WAS PARKED
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	999994313
Cover Note Number	

Driver

Name of Driver	SAIFUL NIZAM BIN MOHAMED SAMSUDIN
NRIC No	S8410293H
Date Of Birth	14/04/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2010
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83833735
Fax Number	
Contact Number	OTHERS-83833735
Email Address	SAIFUL.SAMSUDIN@HILH.COM

Address	BLK 686B JURONG WEST CENTRAL 1 #2-136
Postcode	642686
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20190505/2060

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	SFZ6825P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

6. 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' law firms/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

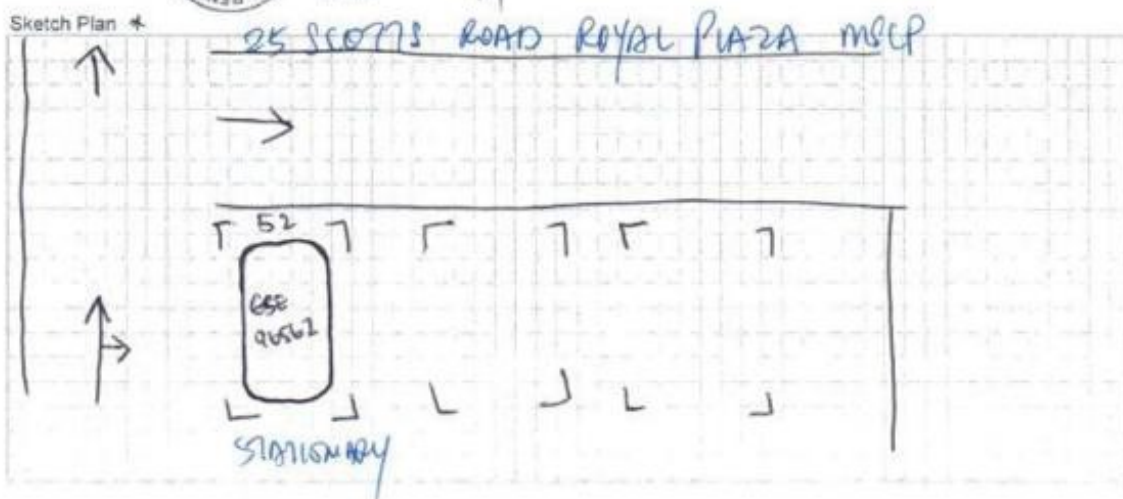
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims;

(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.

Policyholder's Signature / Date & Time  Driver's Signature (If driver is not the policyholder) / Date & Time  Witnessed by Reporting Centre Personnel  28/05/2019

Sketch Plan * 

Accident Sketch Plan

Describe Circumstance of the Accident *

REFER TO POLICE REPORT. J/20190505/2060

Declaration

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



Policyholder's Signature /

*

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20190505/2060

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POLICE REPORT (NP299)

Report No. J/20190505/2060

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 05/05/2019 15:09	Vide Report No.	Station Diary No. 78
Name Of Informant SAIFUL NIZAM BIN MOHAMED SAMSUDIN	Address APT BLK 686B JURONG WEST CENTRAL 1 #02-136 SINGAPORE 642686	
ID Type / ID No. NRIC NO / S8410293H	Contact No. Home/Office Mobile 83833735	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ENGINEER	Sex Male	Age 35
Institution/School Name	Date of Birth 14/04/1984	Race Malay
Date/Time Of Incident 05/05/2019 11:30	Location Of Incident 25 SCOTTS ROAD ROYAL PLAZA SINGAPORE 228220 LEVEL 4, LOT NUMBER 52 MSCP	

Brief details.

I am lodging this report for my record purpose.

On 04/05/2019 at 1515hrs, I parked my red Fiat Doblo Maxi rental vehicle, GBE9656Z at the Royal Plaza hotel multi storey car park - level4 lot number 52 and everything was intact.

On 05/05/2019 at 1130hrs, I returned to my vehicle and discovered that my vehicle sustained scratches

Signature Of Officer Recording The Report: J / Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/05/2019 15:09
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sr Staff Sgt SOEBQI AIMAN BIN SOEBIRIN Contact No.: 67910000	Classification Of Case:

Authentication Stamp

SN 126

POLICE REPORT



SINGAPORE
POLICE FORCE



J/20190505/2060

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20190505/2060

and dent on my front left bumper. I observed that there is a note on my windscreen stating "PI call 97331930 Michael" and was informed by him that he was reversing and had collided against my vehicle on 04/05/2019 at 2125hrs. He is namely, Matthew Lee driving a Toyota Altis, SFZ6825P.

I have informed my car rental company and was advised to lodge report for insurance purpose.

Signature Of Officer Recording The Report:

J / Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sr Staff Sgt SOEBQI AIMAN BIN SOEBIRIN
Contact No.: 67910000

Authentication Stamp

	SN 126
Signature:	
Singapore Police Force	

Signature Of Informant:

Date/Time:
05/05/2019 15:09

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License

