

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	13/05/2019 17:17
Date Of Accident	11/05/2019 10:50
Exact Location Of Accident	SLE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV1462Y
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Insured/Policyholder

Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66791146

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994368
Cover Note Number	06 NOV 2018 TO 05 NOV 2019

Driver

Name of Driver	MD FADZILLAH BIN HAMIDON
NRIC No	S2139832B
Date Of Birth	23/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	03/10/2018
Driving Experience	0 YEAR AND 7 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-98164524
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 501 JELAPANG RD #18-418
Postcode	670501
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
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	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	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	Name: : PASSENGER 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

refer with attached.

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	SDS5680G
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMA744C
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)

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.



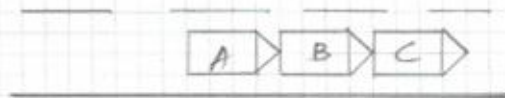
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



SLE towards City.

A - SKV1462Y

B - SDS 5680G

C - SMA744C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11-05-19 @ about 1050hrs, I was travelling along SLE toward city. It was raining. Out of sudden I saw car in front of me jammed brake. I apply full brake but it still hit the front car. I saw front of my car there was another car also hit by the front car.

Damage to my car was the front bumper dented and the midbridge was also damage.

The rear bumper of the other car was also damage.

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:

[Handwritten signature]

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S2139832B

Name: MO FADZILLAH BIN MAWIDON

Date of Birth: 23 Jun 1961

Expiry Date: 05 Oct 2016

Barcode: 0008320E10

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 52139832B

Name: MO FADZILLAH BIN MAWIDON

Passport No: 52139832B

Date of Birth: 23 Jun 1961

Country of Birth: MALAYSIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS 1: Motor cars with unladen weight $\leq 3500\text{kg}$ and ≤ 3 axles, $\leq 2.0\text{m}^3$ motor vehicle with unladen weight $\leq 2500\text{kg}$

NP 4204

Barcode: 0008320E10

Barcode: 0008320E10

License No: S2139832B

Date of Issue: 03-06-2015

AP1 66X S21 JALANER ROAD #18-118

SINGAPORE 60001

SRIC No: S2139832B

Date: 20070704

Accident Photo



Accident Photo



Accident Photo



Identification Card

TOYOTA MOTOR CORPORATION JAPAN
MODEL ZGE20R-HPXNP
ENGINE 2ZR-FAE 1798 mL
FRAME No. JTDGG20W30J002555
COLOR TRIM PLANT OPTION
1E7 FA12 A32
TRANS./AXLE K311 -02A 687

Accident Photo



Accident Photo



Accident Photo

