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 <u>truthful and accurate</u> 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

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	ACCIDENT STATEMENT				
Date Of Report	14/05/2019 14:40				
Date Of Accident	10/05/2019 09:00				
Exact Location Of Accident	PIE (CHANGI) NEAR TAMPINES AVE 12 EXIT				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SKA2398D				
Insured/Policyholder					
Name Of Registered Owner	BS CAR RENTAL PTE LTD				
Co Reg No	201736414R				
Email Address	NOEMAIL				
Mobile Phone No					
Alternative Phone No	OFFICE-89999999				
Vehicle Particulars					
Manufacturer	ТОУОТА				
Model	COROLLA AXIO 1.5X 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?	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	THIRD PARTY FIRE AND/OR THEFT				
Fleet Policy	NO				
Policy Number	SKA2398D				
Cover Note Number					
Driver					
Name of Driver	ADDID DALIEEM KLIANI DIN LILICOAINI KLIANI				

Name of Driver ABDUR RAHEEM KHAN BIN HUSSAIN KHAN

NRIC No S9017424Z

Date Of Birth 17/05/1990

Occupation OUTDOOR

Date Of Driving Pass 14/02/2018

Driving Experience 1 YEAR AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81517337

Fax Number

Contact Number OFFICE-81517337

EMail Address NOEMAIL

BLK 7A-09-01 COUNTRY GARDEN DANGA BAY Address

SKUDAI 80200, JB JOHOR M'SIA

Postcode 80200

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

CHAIN COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 3

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES NO

YES

NO

NO

NO

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)

Passenger 1

2

NAME:

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKX421L

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

Page 2 of 17

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH9138K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ABDUR RAHEEM KHAN BIN HUSSAIN KHAN

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKA2398D

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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 interested parties.
- 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) of:
 - 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:
 - 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.

THINKING C

Policyholder's Signature Date & Time: Driver's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

JOHN Markilladian Dr.

Accident Sketch Plan

SKETCH PLAN	I i cl I a i l a l a	FI I I I I	1711111111	11111
			Veh A : 91 Veh &: S Veh C : 9	KA7398D KXP21L H9138K
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
On the ctated ti		11-11-11		
I was travellin	g on lane 1 at	PIE de	SK42398	D
There was Jam	so it came to	a stop.	Ruddenla I	felt a
areat impact	from the back	. I went	down 3 89	143
SXX421L hit	on my rear and	1 549138	PK hit on 81	cx4216.
I went to	see doe and ha	ve 1 dan	, me.	
CLARATION /e declare the Composite particular particula	alars are true in every respect.)a
WENTY OF	-80			
icyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholo Date & Time:	der)	Reporting Centre Personne Name:	s Signature

WHAT SIMULTANIA VE























