

## 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	24/05/2019 11:31
Date Of Accident	24/05/2019 06:30
Exact Location Of Accident	PIE TWDS CHANGI BEFORE PAYA LEBAR EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJE8907L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NIN SAID BIN SUPRI
NRIC No	S0102141I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81255446
Alternative Phone No	Office-81255446

<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ALLION
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	PRIVATE CAR

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800046726-01
Cover Note Number	-

<b>Driver</b>	
Name of Driver	NIN SAID BIN SUPRI
NRIC No	S0102141I
Date Of Birth	18/04/1955
Occupation	INDOOR
Date Of Driving Pass	23/01/1980
Driving Experience	39 YEARS AND 4 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-81255446
Fax Number	
Contact Number	OFFICE-81255446
EMail Address	NOEMAIL
Address	BLK 704 YISHUN AVE 5 #03-220
Postcode	760704
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	
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: : UNKNOWN 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

I WAS TRAVELLING ALONG PIE TWDS CHANGI BEFORE PAYA LEBAR EXIT ON THE SECOND LANE, WHEN I NOTICED THE LANE I WAS DRIVING THERE WAS ACCIDENT OCCUR, I PREPARE TO FILTERING TO THE THIRD LANE, WHEN MY VEH IN A STATIONARY POSITION. SUDDENLY A BUS FROM THE THIRD LANE SIDE SWIPE MY VEH LEFT HAND SIDE, AFTER THE INCIDENT, THE BUS NEVER STOP, I QUICKLY CHASE HIM, AT LAST I STOP HIM AFTER 1KM AWAY.

#### 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	SMB5084K
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	BUS
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


#### 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. The 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 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:
  - (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

A= SJE 89071  
B= SMB 5024K


Pik twards Changi by Poya Lebar Exit

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

### DECLARATION

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

  
Policyholder's Signature  
Date & Time:

2020/08/11 11:00 AM

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

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

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S01021411



Name  
**NIN SAID BIN SUPRI**  
بن سعيد بن سوفري  
Race  
**BOYANESE**  
Date of Birth  
**18-04-1955** Sex  
**M**  
Country of Birth  
**SINGAPORE**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

License Number: **S01021411**  
Name  
**NIN SAID BIN SUPRI**  
Birth Date: **18 Apr 1955**  
Issue Date: **12 Mar 2003**



1462840



NRIC No: **S01021411**



Class Group: **O+** Date of issue: **25-11-1993**

APT BLK 704 YISHUN AVENUE 5 #03-220  
SINGAPORE 760704  
NRIC No: **S01021411** Date: **25/06/2014**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

CLASS	DESCRIPTION	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	15 Apr 1977
Class 2A	Motorcycles between 201 cc and 400 cc	15 Apr 1977
Class 2	Motorcycles exceeding 400 cc	15 Apr 1977
Class 3	Motor Cars and Motor Tractors the weight of which, unladen, does not exceed 2500 kilograms	23 Jan 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight of which, unladen, exceeds 2500 kilograms	24 Feb 1981
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	04 May 1981

TPP 428F





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

