

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	06/06/2019 14:19
Date Of Accident	05/06/2019 14:25
Exact Location Of Accident	PIE NEAR THOMSON FLYOVER (TOWARDS TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF275M
Insured/Policyholder	
Name Of Registered Owner	ZULAIHA BINTI YUSUF
NRIC No	S1516815C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96249893
Alternative Phone No	OFFICE-96249895

Vehicle Particulars

Manufacturer	AUDI
Model	A3 SEDAN 1.4 TFSI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800126076
Cover Note Number	

Driver

Name of Driver	FAWWAZ BIN AZHAR
NRIC No	S9205565E
Date Of Birth	22/02/1992
Occupation	INDOOR
Date Of Driving Pass	15/07/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85756272
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 156 MARIAM WAY #04-08
Postcode	507082
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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	3
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)	4
Passenger 1	NAME: : ZULAIHA YUSUF GENDER: : FEMALE
Passenger 2	NAME: : AZHAR KASSIM GENDER: : MALE
Passenger 3	NAME: : ZAFRAN AZHAR GENDER: : MALE

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

AT 14:20HR I WAS STUCK IN THE SLOW MOVING TRAFFIC ON PIE TOWARDS TUAS (THOMSON FLYOVER) WHERE I MIGHT HAVE LOST CONCENTRATION AND DID NOT MANAGE TO STOP ON TIME AFTER MOVING OFF HITTING THE BACK OF THE BLACK TOYOTA WISH INFRONT. NO APPARENT INJURY WAS MENTIONED OTHER THAN A POSSSIBLE NECK ANS A PASSING TRAFFIC POLICE OFFICER TOLD US TO MOVE OFF AS THERE WERE NO INJURIES.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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 envelope/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: 6/6/19
11:45 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 6/6/19
11:45 am

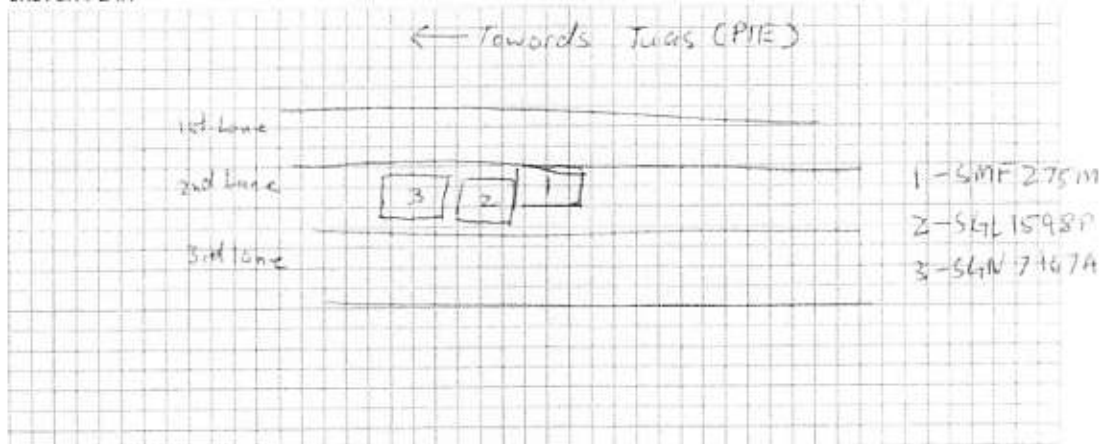
Reporting Centre Personnel's Signature:

Name: Helen Ho
NRIC/FIN No: B8761900L

GIAWP SketchPlanForm_V3

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


AT 14 30hr I ~~drive~~ was stuck in the slow moving traffic on PIE towards Tugos (Thompson Flyover) where I might have lost concentration and did not manage to stop on time after moving off. Hitting the back of the black Toyota which in front. No apparent injury was mentioned other than a ~~staple~~ possible neck pain of a girl in the black car in front. Particulars were exchanged and a passing traffic police officer told us to move off as there were no injuries.

DECLARATION

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


Policyholder's Signature
Date & Time: 6/6/19
11:45AM

SSA/ATC Says (Form 101, #3)


Driver's Signature
(If driver is not the policyholder)
Date & Time: 6/6/19
11:45AM


Reporting Centre Personnel's Signature
Name: Nelson Kwa
NRIC/FIN No: 6376890E