MBIS19104232 / BIS Automobiles Pte Ltd - HQ ENTRY DATE & TIME: 08/08/2019 14:39 SUBMITTED BY: Ngo Tien Min

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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 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 inont to the ort at the

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	08/08/2019 14:39
Date Of Accident	07/08/2019 12:50
Exact Location Of Accident	SERANGOON NORTH AVE 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMG5774B
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81641811
Alternative Phone No	Office-81641811
Vehicle Particulars	
Manufacturer	RENAULT
Model	GRAND SCENIC-2.0 (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	NO
Policy Number	999994322
Cover Note Number	
Driver	
Name of Driver	ADDHA RAHUMAN LEBBE MOHAMED HISHAM
NRIC No	S7855439H
Date Of Birth	24/05/1978

**INDOOR** 

09/03/2016

3 YEARS AND 4 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-84326275

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address APT BLK 458 SEGAR ROAD #04-147 SINGAPORE 670458

2

NO

NO

NO

NO

1

NO

NO

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **COLLISION - HEAD TO REAR** 

**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

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

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)

**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** 

Please refer to the attachment for the circumstance of accident

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NΩ NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMD1530E Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

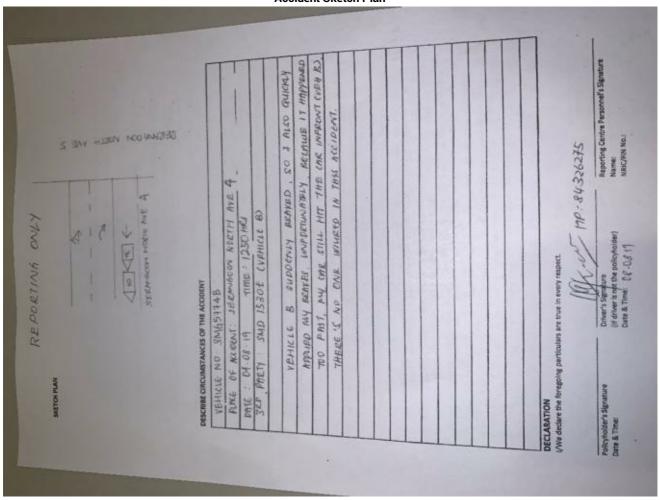
Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**



**Accident Sketch Plan** 

# SKETCH PLAN

# IMPORTANT NOTICE

- Please report appoint to break at the acception spend up the claims process
  The form must be appreciated by the Debods shall as addited by Authorized Debos
  - Information provided must be an ignified and inclusive an exhibit facility.
    Such may allow insurance comparison to passibles addition facilities.
- The base and acceptance of this form by transmit companies is not as ab-companies.
- And Bills manoribe motivated in this Police for investigation.
  The report will be forwarded by the insurence of the Gal Assorth Mengament Contre association by the Garward Insurence Association for the insurence of the state o
- 7. By the logarant of this report to the insurets, you ferelix content to the archiving of this report at the sentire and so copies of the report being main available eforelable.
- 8. Consent under the Personal Data Protection Act (PDPA)
  - I understand, atknowledge, agree and consent that
- (a) My tenuer, my workship and the General Insurance Association of Sequence ("GBA") may have permitted to collect, use, the chief of process my annual distributional information rate out in this (form) and any other personal information in provided by me or possesses by my harm of collectivity in the "Presental Information") and disclose and training such processes by my harm of collectivity in the "Presental Information") and disclose and training such processes by my harmonic harmonic and the processes of the section of the processes agreed to be the "Insurance" ("Brigatons and any informat government agencylouthority) such as the police), for the purposeit).
  - (I) processing, harding and/or deating with my claims including the settlement of the claims and say necessary invarigations relating to the claims.

    - (II) investigating the ecodem and/or my daims;
- (N) carrying out analyter deating with my instructions or responding to any enquiries by mes.
- (b) adminishming my chains including the realing of identapondence, suttennents invadess, respons or exploses 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 envirops/mail pechagist, end/or
  - (v) complying with applicable law in administering processing, henting and/or dealing with my claims (rotlectively the "Parpoies")
- (b) all insurer(s) who have insured vehicles(s) implying in this accident and the losurers' leavenuflew firms, may/are permitted to collect, use, disclose analytic process my Personal information for one or more of the above Purposes; and
- by Averanal Information may/can be disclosed by any of the Insurers and/or GIA to their third painty service providers or agents/Industria their inequal/law firms, which may be clied conside of Empapore, for one or more of the above furposes.
  - (d) my Personal information will also be collected and used to consilis daims history for the purpose of fraud detection, investigation and management in present and all future chiers.

(e) the information so collected under (d) above may be shared / disclosed.

- (i) to all insures and/or any other third parties that sasis in evaluating, investigating, controlling or managing fraue, regulators, law enforcement and government agendes as reasonably required for the purposes states, or
- (II) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Dete & Time:

Other's Springe (If driver is not the policy policy Date & Time: 08-08-19

Reporting Centre Personnel's Signature







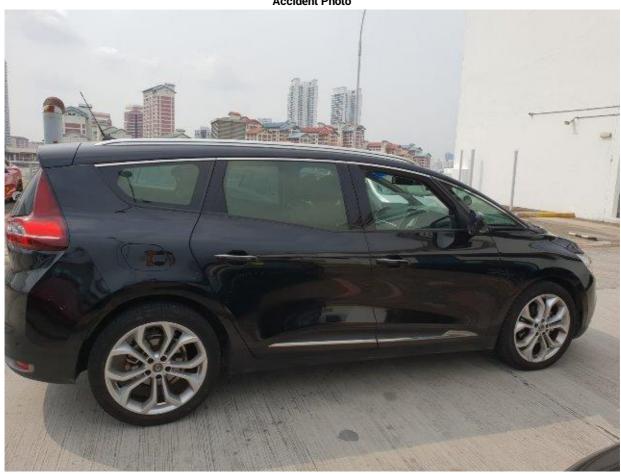








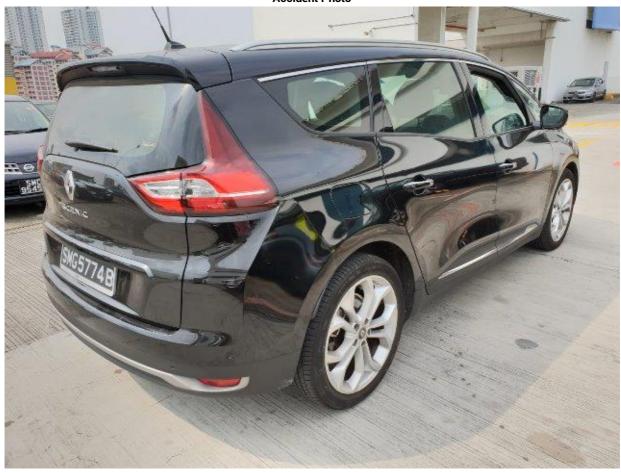












Identification Card & Driving License



Identification Card & Driving License

