

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	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
Occupation	INDOOR
Date Of Driving Pass	09/03/2016
Driving Experience	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
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD1530E
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)

Accident Sketch Plan

REPORTING ONLY

SKETCH PLAN

DELMARCOON NORTH AVE 5

DELMARCOON NORTH AVE A

VEHICLE NO: SN165114B

NAME OF REPORTER: DELMARCOON NORTH AVE 4

DATE: 04-08-19 TIME: 1250 HRS

ZIP CODE: SMD 1530E (VEHICLE B)

VEHICLE B SUDDENLY BEHAVED, SO I ALSO QUICKLY
 APPLIED MY BRAKES, UNFORTUNATELY, BECAUSE IT HAPPENED
 TOO FAST, MY CAR STILL HIT THE CAR IN FRONT OF ME B)
 THERE IS NO CAR INVOLVED IN THIS ACCIDENT.

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

Policyholder's Signature
 Date & Time: 08-08-19

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 08-08-19

Reporting Centre Personnel's Signature
 Name:
 NRIC/PIN NO.:

MP: 84326275

Accident Sketch Plan

SIXTON PLAN

IMPORTANT NOTICE

1. Please report accurately the details of the accident to speed up the claims process.
2. This form must be submitted by the Policyholder and/or the Motorist/Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **rescind their policy**, leaving you without cover.
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.

NOTES TO THE POLICYHOLDER

1. The report will be forwarded to the insurers of the claim. The report will be made available upon application by the Association of Singapore (GIA) for archiving and that copies of this report will be made available upon application by interested parties.
2. By the signing 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 elsewhere.

Consent under the Personal Data Protection Act (PDPA)

1. 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 insurers who have insured my vehicle(s) involved in this accident (all insurers who have insured my 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 purposes) 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 claim;
 - (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 other 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, regulation, 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: 08.08.19

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card & Driving License



