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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	15/08/2019 08:58
Date Of Accident	14/08/2019 06:15
Exact Location Of Accident	BLK 274B PUNGGOL PLACE SERVICE RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMJ6962C
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD IDRIS BIN ASMURI
NRIC No	S1619320H
Email Address	IDRIS_ASMURI28@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96312500
Alternative Phone No	OFFICE-96312500
Vehicle Particulars	
Manufacturer	AUDI
Model	A3-1.4 SEDAN TFSI COD S-TRONIC (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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Tuna Of Cavarage	COMPREHENSIVE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 1900058142

Cover Note Number

Driver

Name of Driver MOHAMAD IDRIS BIN ASMURI

NRIC No S1619320H
Date Of Birth 28/03/1963
Occupation INDOOR
Date Of Driving Pass 12/10/1995

Driving Experience 23 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96312500

Fax Number

Contact Number OFFICE-96312500

EMail Address IDRIS ASMURI28@YAHOO.COM.SG

BLK 273B PUNGGOL PLACE Address

#07-864

1

NO

NO

1

YES

NO

Postcode 822273

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

COLLIDED INTO PROPERTY Type Of Accident

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? 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.

Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **PUNGGOL N.P.C**

ROAD: 21A TEBING LANE, POSTCODE: 828837, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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.

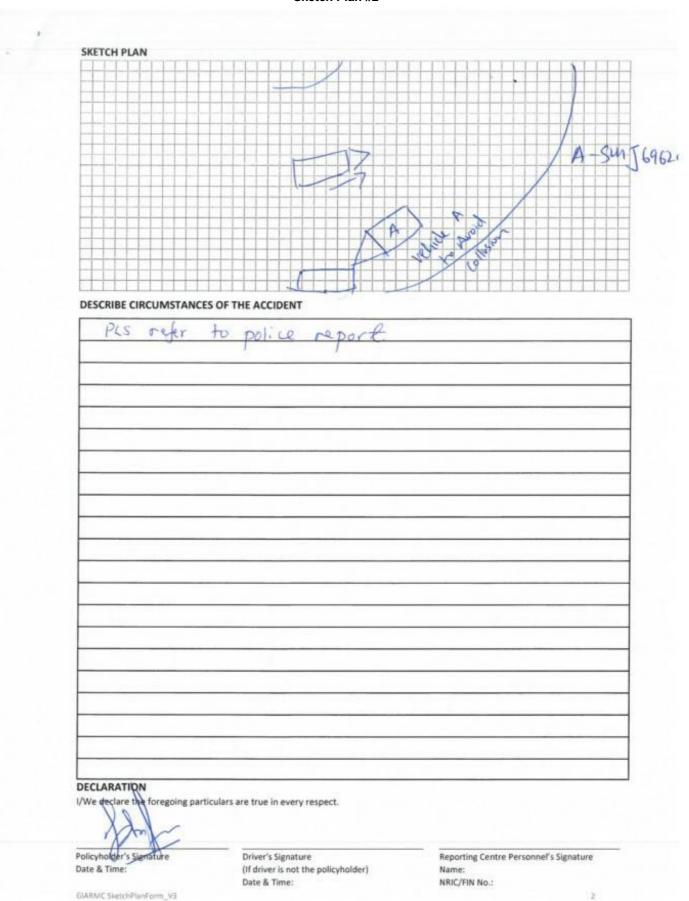
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2

























Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 828937 Tel No. 1800-6049999 1 of 3 Report No. T/20190814/2091

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REPORT	OR A	. 工即為	BERIC!	A COUNTY	MEMORY
District Court of the In-	W. L. W.	11 175.00	IC C PAR	Property and the	ALC: NO 1

Date/Time Report Made: 14/08/2019 14:41		Made:	Vide Report No.:	Station Diary No.: 24	
Informa	int's Partic	ulars			
MOHAN		BIN ASMURI	Address: APT BLK 273B PUNGGOL P 822273	LACE #07-864 SINGAPORE	
ID Type / ID No.: NRIC NO / S1619320H			Contact No.: Home/Office:	Mobile: 96312500	
National SINGAR	ity: ORE CITIZ	ŒN	Email:		
Sex: Male	Age: 56	Date of Birth: 28/03/1963	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name;	
Occupation: TEACHER			Driving Licence Information: Class: 3	Date of Expiry	

Type of Accident:	Injury Others			Date/Time of Accident: 14/08/2019 06:15		Type of Location Service Road	
Weather:	LACE near to Blk 274B F		Surface:		Road	d Speed Limit:	
Clear Traffic Flow		Dry Traffic		lic Control		Traffic Volume:	
2001000 P.00011 (con con con con con con con con con con		Controlled		No Traffic			
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Ra			ailings			ine conveyed by ulance:	

Details of V	ehicle Inva	lved		A transfer of	a commence of the second	and an artist of
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMJ6962C	Car	AUDI	A3 SEDAN 1.4 TFSI COD S TRONIC	Black	Seriously Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Explry Date
SMJ6962C	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900058142	15/03/2019	14/03/2021

Police Report





Police Station Of Origin: Punggol N.P.C 21A Tebing Lane SINGAPORE 826837 Tel No: 1800-6049999 3 of 3 Report No. 1720190814/2091

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sr Staff Sgt MUHAMMAD FARID BIN KAMIS	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2019 14:41
Officer in Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	outes Finan