

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	26/08/2019 09:15
Date Of Accident	13/06/2019 18:10
Exact Location Of Accident	ALONG JUNCTION OF JURONG WEST AVE 1 & ST 42
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2131B
Insured/Policyholder	
Name Of Registered Owner	P M HAMEED RAHMAN
NRIC No	S8390064D
Email Address	RAHMANJI777@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91496058
Alternative Phone No	OFFICE-91496058

Vehicle Particulars

Manufacturer	HONDA
Model	NC700X-670CC

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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	1800099313
Cover Note Number	

Driver

Name of Driver	P M HAMEED RAHMAN
NRIC No	S8390064D
Date Of Birth	14/04/1983
Occupation	INDOOR
Date Of Driving Pass	19/05/2009
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91496058
Fax Number	
Contact Number	OFFICE-91496058
Email Address	RAHMANJI777@GMAIL.COM

Address	BLK 468 NORTH BRIDGE ROAD #12-5085
Postcode	190468
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	COLLISION - MAJOR/MINOR RD
Weather Conditions	LIGHT RAINS
Road Surface	WET

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?	YES
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

REFER TO STATEMENT

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	SDN400H
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM TENG LIANG, NELSON
NRIC/Passport Number	S7301681I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

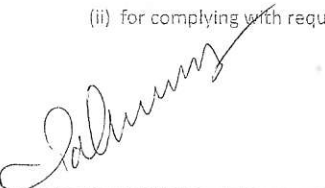
SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

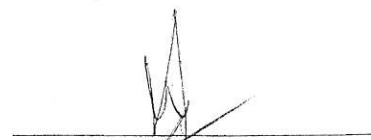
I understand, acknowledge, agree and consent that:

- (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 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:

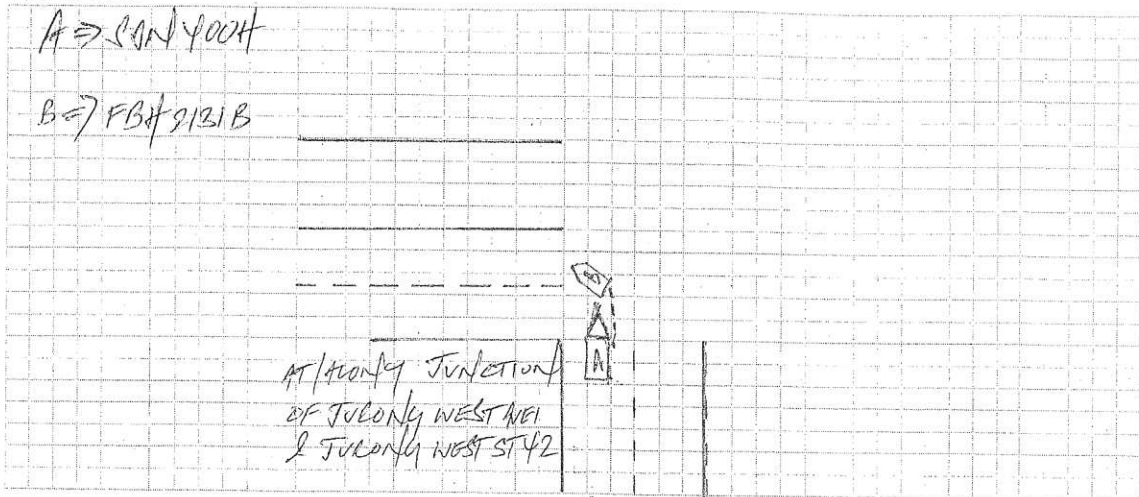
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

414 REF: NSVC19001281.

AT/JUNCTION OF JERONG WEST AVE 1 & JERONG WEST ST 42, DRIVER OF VEHICLE SAN 4004 WAS ON LEFT LANE WHICH HAD 2 DIRECTIONAL SIGNS (TURN LEFT & GOING STRAIGHT) FOR WHICH HE HAD HIS LEFT TURN SIGNAL ON, WHICH I NOTICED WHILE I WAS COMING TO A STOP BEFORE THE STOP LINE & I WAS TURNING LEFT & ALSO HAD MY LEFT TURN SIGNAL ON. THE DRIVER WAS FURTHER BACK BEHIND THE STOP LINE WHICH GAVE SPACE FOR TO STOP FRONT OF HIM ON HIS FRONT RIGHT CORNER. UPON TRAFFIC SIGNAL CHANGED TO GREEN, I MOVED TO TURN LEFT ON MOVING OFF SLEEP WITH GEAR 1 ENGAGED. BUT THE DRIVER OF VEHICLE SAN 4004 INSTEAD OF TURNING LEFT TO GO INTO LEFT LANE & ME TURNING LEFT & CHANGED SIGNAL TO MOVE TO THE RIGHT LANE WITH PROPER ORDER, HE REVERSED HIS ACCELERATOR TO GO LAST STRAIGHT AHEAD. HE CAME INTO CONTACT OF MY REAR WHEEL WHICH I FELT TO ON MY RIGHT SIDE. NO INJURIES FOR SELF. SLIGHT SCRATCHES ON RIGHT SIDE AT SOME PLACES ON MY VEHICLE, REAR BRAKE PEGAL DENTED, BACK LICENSE PLATE DENTED AS HIS FRONT RIGHT FOG LIGHT BUMPER CAME OVER MY BIKE'S REAR WHEEL & BOTTOM PART OF ENGINE GUARD DENTED INWARDS.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 26.08.2019

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

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