

## 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	05/09/2019 09:05
Date Of Accident	04/09/2019 11:40
Exact Location Of Accident	TELOK BLANGAH RD NEAR VIVOCITY / SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX5331E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FARAH ANJUM
NRIC No	S8068964J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91786039
Alternative Phone No	Others-91786039

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 SX (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING
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 CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100439805-03
Cover Note Number	

### Driver

Name of Driver	BABAR NAZIR
NRIC No	S7489174H
Date Of Birth	01/05/1974
Occupation	INDOOR
Date Of Driving Pass	03/02/2014
Driving Experience	5 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91786039
Fax Number	
Contact Number	
E-Mail Address	BAB_NAZIR@HOTMAIL.COM
Address	12 KEPPEL BAY DRIVE, 07-13, CARIBBEAN. SINGAPORE 098641
Postcode	098641
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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

I WAS DRIVING MY KIA K3 AND TRIED TO FILTER INTO VIVOCITY LANE FROM SENTOSA GATEWAY LANE AFTER GIVING INDICATOR. THERE WAS AMPLE GAP TO FILTER BUT CAR BEHIND ME (NO:SLW 5190M) SPEED UP AND GRAZED MY RIGHT REAR SIDE. AFTER THIS WE BOTH STOPPED TO EXCHANGE INFORMATION AND TOOK PICTURES.

#### 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	SLW5190M
Vehicle Make/Model/Colour	MADZA / BLUE COLOR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number	90999093
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT HAND FRONT SCRATCHES
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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6. 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.
7. 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:

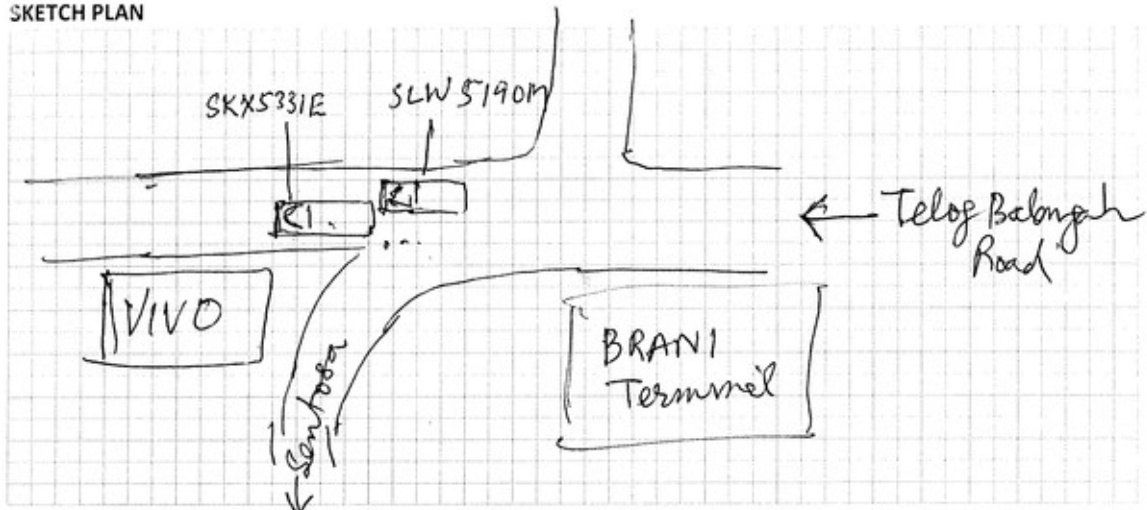
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - (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



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my KIA K3 and tried to filter into VIVO only lane from SENTOSA gateway lane after giving indicator. There was ample gap to filter but car behind me (no: SLW5190M) speed up and grazed my right head side. After this we both stopped to exchange information and took pictures.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 05/09/19  
2 0700hrs

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



## Accident Statement

☐ Mitsubishi ☒ Kia ☐ Citroen ☐ Others (Please tick accordingly)

### Motor Accident Repair Basic Information

Date of Accident	04/09/2019
Time of Accident (24hr format)	1140 Hrs
Exact Location of Accident	Telok Blangah Rd, Near Vivacity / Sentosa gateway

### Own Vehicle Details

Vehicle Registration Number	SLX 5331E
INSURED/ POLICY HOLDER (OWN VEHICLE)	
Name of Registered Owner	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Company FARAH ANJUM / 58068964J
ID of Registered Owner	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. <input checked="" type="checkbox"/> Passport No. / EIN K0327064X 58068964J

### Vehicle Particulars (Own Vehicle)

Model	KIA K3 1.6A SX
Exact purpose for which vehicle was being used at the time of accident	Driving
Are you claiming under your own Ins. Policy	<input type="checkbox"/> Yes <input type="checkbox"/> 3rd Party <input checked="" type="checkbox"/> Reporting Only
Vehicle Category	Private Car / Comm Veh / Goods Veh / Motor Trade / Government

### Insurance Company (Own Vehicle)

Insurance Company	AIG
Type of Coverage	Comprehensive / Third Party / Third Party Fire and / or Theft
Fleet Policy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Policy Number / Cover Note Number	2100439805-03

### Driver

Name of Driver	BABAR NAZIR
ID of Driver	<input type="checkbox"/> Co. Reg. No. <input checked="" type="checkbox"/> NRIC No. 574891244 <input checked="" type="checkbox"/> Passport No. FHM K0350040R
Date of Birth	01/05/1974
Occupation	Indoor / Outdoor DOCTOR
Driving Pass Date	03/02/2014
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Specified
Mobile Phone No.	91786039
Office / Home / Other Numbers	
Home Address	12 Keppel Bay Drive, 07-13, Caribbean, 098641
Email Address	bab_nazir@hotmail.com
Was Driver an employee of the Insured's Company	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Reason: _____
Does the driver own any other vehicle? If YES, please indicate driver's own car vehicle number and insurance	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Vehicle No: Insurance:

OWNER/ DRIVER'S SIGNATURE: 

Individual Statement

**General Information Of The Accident****Type Of Accident**

Weather Condition	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input type="checkbox"/> Other
If Others, please state the condition:			
Road Surface	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining	<input checked="" type="checkbox"/> Other Heavy Traffic
If Others, please state the condition:			

**Other Information**

Was anybody injured in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was any injured conveyed to hospital by ambulance?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was any foreign vehicle involved in the accident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Foreign Vehicle Registration Number		
Foreign Vehicle Category		
Number of vehicles involved in the accident	2	
Was there any witness? (Name, Phone, Email)	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was there any other vehicle or property damaged?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
Was there any video captured by Car Camera?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was the accident reported to the police?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Was notice of intended Prosecution given?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
If Yes, against whom?		
I have been approached by unknown person(s) soliciting/offering accident claims assistance	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes
Number of Passengers (Including Driver)		
Passenger (Name and Gender)	BABAR NAZIR (DRIVER)	

**Circumstances of Accident**

Refer attachment

**Third Party Vehicle Detail****Details of Other Vehicle / Property**

Vehicle Registration No.	SLW5190M
Vehicle Make/ Model/ Colour	MAZDA / Blue color
Details of Property Damaged in Accident	Scratches on the front left side
Vehicle Category	
Name Of Driver	
Driver's NRIC	<input type="checkbox"/> Co. Reg. No. <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No. / FIN
Contact Number	90999093
Name of Insurance Company	
Nature of Damage	left hand front scratches

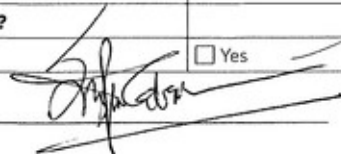
Damages to Other Vehicles & Property  
(Other than Vehicles A & B)

Vehicle Regn No. or Details of Property	Name of the Driver	Contact Number

**Details of Injured Person**

Name	
Injury Sustained	
Injured person is on which vehicle?	
Were seat belts worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No

OWNER/ DRIVER'S SIGNATURE:





Accident Photo





Accident Photo



Accident Photo



Accident Photo





## Driving License



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

