

## 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	16/09/2019 19:10
Date Of Accident	13/09/2019 13:25
Exact Location Of Accident	JALAN KAYU OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8065Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86125311
Alternative Phone No	OFFICE-86125311

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	

### Driver

Name of Driver	NUSURUDIN BIN RAMLEE
NRIC No	S7804573F
Date Of Birth	17/02/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/04/2016
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86125311
Fax Number	
Contact Number	OFFICE-86125311
Email Address	NOEMAIL

Address	BLK 518 JELAPANG ROAD #01-275
Postcode	670518
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	2
Passenger 1	NAME: : MOHAMED AL-AFIQQULAH BIN MOHAMED IBRAHIM GENDER: : MALE

#### 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 SKETCH PLAN

#### 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 Witness 1

Name	MOHAMED AL-AFIQQULAH BIN MOHAMED IBRAHIM
Phone Number	87487894
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH5664K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN WEE KIAT, TERENCE
NRIC/Passport Number	S9544678G
Contact Number	96425964

Address	1, SUNVIEW ROAD #03-35 ECO-TECH @ SUNVIEW
Postcode	627615
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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6. This report will be handled 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 this report being made available if/when.
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 this claim and any ancillary 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 making of correspondence, statements, inquiries, reports or notices to me, which could involve disclosure of certain personal data about me to being about delivery of the claim as well as on the internal costs of workshop/road packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, particularly 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/are 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 situated 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 at future claims;
- (e) the information so collected under (b) above may be shared / disclosed:
  - (i) to all insurer and/or any other third parties that assist in evaluating, handling, settling, and/or settling or investigating claims, 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  
(Print Name)

  
13/09/19  
Driver's Signature  
(If driver is not the policyholder)  
Date (dd/mm/yy)

  
16/09/2019  
Responsible Person  
Name  
SPIC2014144

## Accident Sketch Plan

SKETCH PLAN

REFER TO ATTACHMENT

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13th Sept 2019 at about 1300hrs, I parked Aeras motor car at Jalan Kayu open carpark. At 1325hrs, while walking back to our vehicle, we noticed a lorry parked very closely behind our vehicle. We took a closer look and found that the rear side of the lorry had hit our rear side of the vehicle.

The driver of the lorry came out and told us that he did not realised that he had hit our vehicle. He apologised and we exchanged particulars.

DECLARATION

I hereby declare that the foregoing is true and correct in every respect.

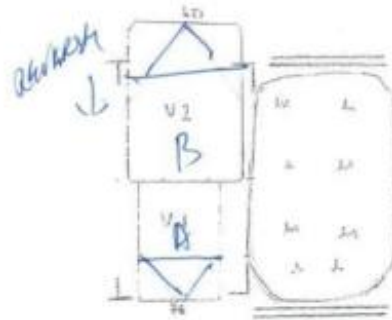
  
Declarant's Signature

Date & Time:

  
Witness's Signature

We declare that the facts stated  
Date & Time:

  
Insurance Company's Signature  
Date & Time:



LOCATION - JLN KAYU OPEN CAMPARK

a) V1 - SLR 8065 Z (LOT 76)

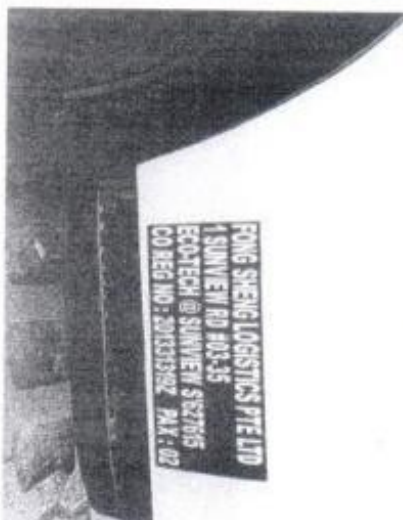
b) V2 - G6H 5664 K (LOT 129)

15/09/2019

AFUE  
L.P. (AF) 510708

am 16/09/2019  
Prof. Dr. W. W. W.

# Accident Photo



*Car 16/09/2019  
Red Line*

FONG SHENG LOGISTICS PTE LTD  
1 SUNVIEW RD #03-35  
ECOTECH @ SUNVIEW 532765  
CO REG NO: 201333982 FAX: 02

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



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