Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 22/01/2020 16:05

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Date Of Driving Pass

Driving Experience

- 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.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/01/2020 16:01
Date Of Accident	23/12/2019 17:55
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGX3007C
Insured/Policyholder	
Name Of Registered Owner	SAID BIN AHMAD
NRIC No	S1206685F
Email Address	EFFY@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-93738183
Alternative Phone No	Office-93738183
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
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 CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	SAID BIN AHMAD
NRIC No	S1206685F

28/02/1956

29/01/1982

37 YEARS AND 10 MONTHS

INDOOR

Gender **MALE**

Mobile Number (LOCAL) +65-93738183

Fax Number

Contact Number OFFICE-93738183 **EMail Address** EFFY@LIVE.COM.SG

Address BLK 130 BEDOK RESERVOIR ROAD #13-1345

Postcode NO Was driver an employee of the Insured's Company 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 - HEAD TO REAR**

Weather Conditions CLEAR DRY Road Surface

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

NO

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

VEHICLE B JAM BRAKE. I CAN'T STOP IN TIME AND SLIGHTLY TOUCHED ONTO VEHICLE B REAR PORTION. ONLY SAW A FEW SCRATCHES.

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

SLJ7016P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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:
 - (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.:

1410 hrs.

ETCH PLAN					
			MALLECTE.		
		1	(SINTAICE		
			The Att and		
				attitui:	
		+++++		المتعادات	
				de la colonia de estando	
CRIBE CIRCUMSTANCES					
Mehida	B jam and 1101 fo atches:	bruke.	I can't	stop	
9)5000	12 1	1: 1.41	+ - 1 . 1	0 1	
in time	and	slightly	couched	011 60	
velicle B	1101 PO	Ition. 6	Inly saw	a	
few on	11.0		J		
10-0 261	a lenes.				
CLARATION					
Ve declare the foregoing parti	culars are true in every resp	ect.			
11					
Cal.					
	Driver's Signature		Reporting Centre Pers	onnel's Signature	
icyholder's Signature te & Time:		(If driver is not the policyholder)		Name:	
	(if driver is not the policyholder)		ALONG PORT RE-		

Name: NRIC/FIN No.:

(If driver is not the policyholder) Date & Time:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$120 685





SAID BIN AHMAD

احمد المعنيد بن احمد

BOYANESE Date of Both Sex 28-02-1956 M

SINGAPORE



STATE DRIVING LICENCE

Licence Number S1206685F

SAID BIN AHMAD

Birth Date: 28 Feb 1956 Issue Date: 09 Jul 2004



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Metercycles not exceeding 200 cc
Class 3 Meter Cars of unladen weight not exceeding
2000 kg with not more than 7 passengers,
exclusive of the driver; and Motor Tractors
and other Motor Vehicles of unladen weight
not exceeding 2500 kg
Class 4 Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kg
Motor Vehicles which are not constructed
themselves to carry any load and the weight
of which unladen exceeds 7250 kg

08 Sep 1987





Accident Photo















Accident Photo

