

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 Submission 27/12/2019 18:53 (SGT)
Date of Accident 25/12/2019 16:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNC BOUNDARY RD & SERANGOON AVE 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJG3134Y

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FRESH CARS PTE LTD
Company Reg No 2XXXXX540Z
Email Address KIM@FRESHCARS.SG
Mobile Phone No (Phone) +65-91449679
Alternative Phone No +65-91449679

VEHICLE PARTICULARS

Manufacturer Toyota
Model WISH 1.8X A
Variant undefined
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1800

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number 999994037
Cover Note Number -

DRIVER

Name of Driver AHMAD ZUHDI BIN MOHAMED MASYIADI
NRIC No SXXXX944D

Date Of Birth	17/04/1979
Occupation	Outdoor
Date Of Driving Pass	04/06/1999
Driving experience	20 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91449679
Alt. Phone Number	(Office) +65-91449679
Email Address	KIM@FRESHCARS.SG
Address	BLK 452B SENGKANG WEST WAY #02-399
Address complement	-
Postcode	792452
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HIRER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ABDUL RAHIM BIN KAMIS
Gender	Male

PASSENGER 2

Name	LUTH UWAIS BIN AHMAD ZUHDI
Gender	Male

PASSENGER 3

Name	ZAYN UMAR BIN AHMAD ZUHDI
Gender	Male

PASSENGER 4

Name	RAFIDAH BINTE ABDUL RAHIM
Gender	Female

PASSENGER 5

Name	NURHAYATI BINTE ABDULLAH
Gender	Female

PASSENGER 6

Name	ESHAL NADINE BINTE AHMAD ZUHDI
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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? Yes
 Reasons for not uploading a video of the accident VIDEO FOOTAGE WITH DRIVER
 Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJN5944B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person AHMAD ZUHDI BIN MOHAMED MASYIADI
 Gender -
 Phone No -
 Address
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person ABDUL RAHIM BIN KAMIS
 Gender -
 Phone No -
 Address
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 3

Name of injured person LUTH UWAIS BIN AHMAD ZUHDI
 Gender -
 Phone No -
 Address

Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 4

Name of injured person ZAYN UMAR BIN AHMAD ZUHDI
 Gender -
 Phone No -
 Address
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 5

Name of injured person RAFIDAH BINTE ABDUL RAHIM
 Gender -
 Phone No -
 Address
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 6

Name of injured person NURHAYATI BINTE ABDULLAH
 Gender -
 Phone No -
 Address
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 7

Name of injured person ESHAL NADINE BINTE AHMAD ZUHDI
 Gender -
 Phone No -
 Address
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained BODY
 Injured person in which vehicle? -
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN**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. 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.

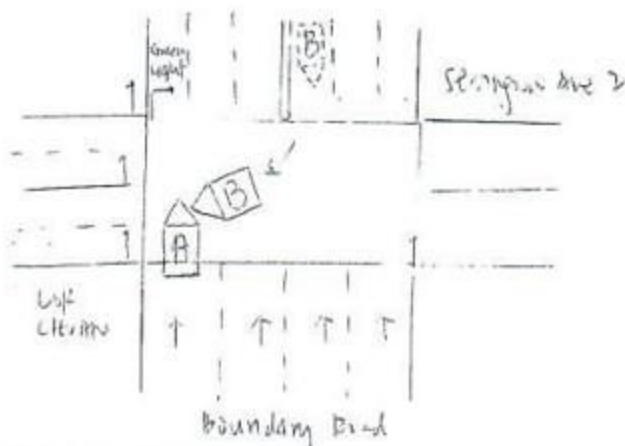

 Policyholder's Signature
 Date & Time:




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


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

SKETCH PLAN



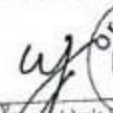
(A) S3G3134M
(B) S3M5944B


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Boundary Rd. as the traffic light was green. Suddenly vehicle B at the opposite direction turn right and hit onto the front portion of my vehicle whole accident was captured by my vehicle built-in video recorder.

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:


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





















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA119170363-01 Vehicle Registration No: SJG3134Y
 Name (as shown in NRIC): FRESH CARS PTE LTD NRIC/FIN/Passport No: 201608540Z
 (*~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96192819
 Email Address: KIM@FRESHCARS.SG
 Date of Accident: 25/12/2019 Time of Accident: 16:05
 Place of Accident: JUNCTION BOUNDARY ROAD & SERANGOON AVENUE 2
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND EMAIL ADDRESS

Policyholder / Driver's Signature
 Date: 22/1/2022

Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.:
 Date: 25/01/22