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 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 ladgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report heing made available

aforesaid.	eby consent to the archiving of this report at the centre and to copies of the report being made available
· 中华的国际中国国际发展的基础的基础。	ACCIDENT STATEMENT
Date Of Report	06/01/2020 15:59
Date Of Accident	05/01/2020 14:10
Exact Location Of Accident	JUNC OF PASIR RIS DR 3 & ELIAS RD OPP STRATUM COND
Country/State of Loss	SINGAPORE
建建设建设的建筑建设建设建设	DETAILS OF OWN VEHICLE
Vehicle Registration Number	S5030TE
Insured/Policyholder	· · · · · · · · · · · · · · · · · · ·
Name Of Registered Owner	OZGUR KILLIC
NRIC No	GXXXX651L
Email Address	NOEMAIL

(LOCAL) +65-84444872

OTHERS-84444872

Alternative Phone No Vehicle Particulars

Mobile Phone No.

Manufacturer MITSUBISHI Model **GRANDIS**

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

1800105260-01 Policy Number

Cover Note Number

Driver

FARIDAH BEGUM BINTE NOOR MOHAMED Name of Driver

NRIC No SXXXX291C Date Of Birth 25/08/1979 Occupation **INDOOR** Date Of Driving Pass 05/04/2001

18 YEARS AND 9 MONTHS **Driving Experience**

FEMALE Gender

Mobile Number (LOCAL) +65-96430835

Fax Number

Contact Number

EMail Address **NOEMAIL** Address 279 BEDOK SOUTH AVE 3

#08-33

Postcode 465458

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 - HEAD TO REAR

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Passenger 2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

GENDER: : MALE

Super later to the first to the

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TANAH MERAH NEIGHBOURHOOD POLICE POST

2

NO

NO

3

NAME:

ROAD: BLK 51 NEW UPPER CHANGI ROAD #01-1514 , POSTCODE:

: OZGUR KILLIC

: SON

Police Station Address 461051, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4499999 - FAX NO: 62447251

Was notice of intended Prosecution given?

If Yes, against whom?

NO

YES

YES

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20200105/2078

Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7248X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver NRIC/Passport Number Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

KHENG KIM TJOEAN SXXXX298D 84523868

Accident Sketch Plan

SKETCH PLAN

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- 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 aforesald.
- 8. Consent under the Personal Data Protection Act (POPA)

Lunderstand, ecknowledge, agree and consent that:

- 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 end/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this actident 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 finduding 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:
 - 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

(a) for complying with requirements under any regulations, laws or court orders.

Policyholder A grature

Driver's Signature

(if driver is not the policyholder)

Date & Time!

Reporting Centre Personnel's Signature

Name:

NAIC/FIN No.:

Accident Sketch Plan

Mana Mask SUAS RD SKETCH PLAN A Land of the state of the stat PASKA RUS ON 12 Jamele A - 5 50 30 Th Volicle S - SHC FLATS DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Police Report As Per Promi Number: 7/20200105/2074 Jakida A - STOSOTE Volide B - SHC 7248X DECLARATION I/We declare the foregoing particulars are true in every respect. 06/03/20

Policyl Mer's Signature

Date & Tone:

Driver's Signature

Date & Time:

(if driver is not the policyholder)

Page 5 of 18

Reporting Contre Personnel's Signature

Mame.

NBIC/FIN No

Individual Statement





Police Station Of Origin.
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No. 1800-4499999

2 of 4 Report No. 1/20200105/2078

CONTINUATION OF REPORT

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Related Vehicle	\$5030TE (Car)	ł	antact No	98430835
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Brief Details.

On 05/01/2020 at about 1410hrs, I was driving my husband's vehicle (S5030TE) along Pasir Ris Drive 3 My husband was seated at the front passenger seat while my son was seated at the back passenger seat. The road along Pasir Drive 3 consist of 3 lanes and my vehicle was on the extreme left lane as 1 wanted to turn left to Elias Road.

When the traffic light along Pasir Drive 3 had turn green. I noticed the vehicle ahead of me did not move to make a left turn as there were pedestrians crossing along Elias Road hence I waited for the vehicle to move. While my vehicle was in a stationary position. I felt an impact coming from the rear right of my

Individual Statement





Police Station Of Ongin Tanah Merah NPP 51 New Upper Changi Road #01-1514 SINGAPORE 461051 Tel No. 1800-4499999 3 of 4 Report No. 1/2020/105/2076

CONTINUATION OF REPORT

vehicle. My husband then went out of the vehicle to make a check on the damages and he noticed dents and scratch marks on the rear bumper. My husband also noticed that the rear bumper was slightly dislodged. The taxi driver subsequently approached me and acknowledge that he was at fault. My nusband and I then took photos of the accident scene. We then exchange particulars.

My husband then contacted his insurance agent and who advised him to take the photos of the acodeni scene, to download the in car camera footages and to lodge a police report since the vehicle is a diplomatic vehicle. The taxi dover also informed us to haise with Comfort Delgro for anything further. The both of us then left the said location as no towing was needed.

During the accident inabady was injured hence ambulance services was not required. Furthermore, no police was called in during the accident.

I wish to state that the vehicle belongs to my busband who holds a diplomatic card from Turkey in addition, the vehicle has an inicar camera which had captured the footage of the accident