

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	30/01/2020 16:44
Date Of Accident	20/01/2020 07:00
Exact Location Of Accident	ALONG BKE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7547G
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NORELHAM-HARON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92479107
Alternative Phone No	OFFICE-92479107

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA AERAS 2.4 CVT MR
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	NOR ELHAM BIN HARON
NRIC No	SXXXX689C
Date Of Birth	21/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92479107
Fax Number	
Contact Number	OTHERS-92479107
Email Address	NORELHAM-HARON@YAHOO.COM

Address	BLK 458 SEGAR ROAD #10-143
Postcode	670458
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	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	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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMH4020U
Vehicle Make/Model/Colour	LEXUS NX300H
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NAZRUL HIASHM BIN HAIRAN
NRIC/Passport Number	SXXXX684E
Contact Number	96345212
Address	BLK 273 BANGKIT ROAD #12-168
Postcode	670273
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan





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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to reassess 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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.
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' law firms/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/small 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' law firms/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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.




 22/2/2020
 
 30/01/2020

Policyholder Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

BCE towards PE →			
→		→	
→	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SLR 0 7547G A </div>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SMH 0 4020U B </div>	→
→			→

* hit impact

Accident Sketch Plan

Describe Circumstance of the Accident *

On 20th January 2020, I was driving on the 2nd lane of the BKE and traffic was dense. The distance between me and the front vehicle is at decently safe distance. Suddenly the traffic ahead slows down rapidly to a stop and I jammed my brakes. The car in front of me managed to stop completely and avoid hitting the car in front of it. But I couldn't fully stop and ended up hitting the rear of car SMH4020U. NO injuries to any person but the car has slight damage to its rear bumper and my car has its front bumper dented.

Declaration

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature /



Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Accident Sketch Plan

100/2020

m25aa1a6-14dc-4af8-9482-1d2b3ba3e128.jpg



<https://mail.google.com/mail/u/0/inbox/FMfcgxxGCCDhCWNPCpZKBLtjKTtLhWP?projector=1&messagePartId=0.11>

1/2

Accident Photo

1/30/2020

0483483e-e431-462e-94b1-d2e844152637.jpg



<https://mail.google.com/mail/u/0/inbox/FMltgxeGDDnhCWNPqzKBJgKTLhWP?projector=1&messagePaidd=0.8>

1/2

Accident Photo

1/30/2020

51010832-d8f-430d-9163-f65c1a8ec235.jpg



<https://mail.google.com/mail/u/0/#inbox/FMqjwGDDrHCVhPcpZYkLtgKTrLhWp?projector=1&messagePartId=0.6>

5.75

Accident Photo



<https://mail.google.com/mail/u/0/#inbox/FMkgxwGDOhCWNPqZKbUgKtLhWf?projector=1&messagePartId=0.4>

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

