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 <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.	
	ACCIDENT STATEMENT
Date Of Report	08/02/2020 09:35
Date Of Accident	06/02/2020 07:30
Exact Location Of Accident	AMK AVE 1 JUNC
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMM7213J
Insured/Policyholder	
Name Of Registered Owner	MAMDUH BIN ABDUL MUTALIB
NRIC No	SXXXX641C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91178923
Alternative Phone No	OFFICE-91178923
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8E CVT
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1900118491
Cover Note Number	

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Name of Driver MAMDUH BIN ABDUL MUTALIB

NRIC No SXXXX641C

Date Of Birth 05/09/1973

Occupation INDOOR

Date Of Driving Pass 01/01/1998

Driving Experience 22 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91178923

Fax Number

Contact Number OFFICE-91178923

EMail Address NOEMAIL

Address BLK 238 BISHAN ST 22 #02-210

Postcode 570238

Was driver an employee of the Insured's Company NO

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 - CHANGE/CROSS LANE

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?

Was any other material or property damaged? YES
I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : ZAMZAIMAH

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)

NO

Police Station Address ROAD: 51 ANG MO KIO AVENUE 9, POSTCODE: 569929, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2180000 - **FAX NO**: 64814246

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT F/20200206/7040

Attachment(s)

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

Remarks/ Reasons: ONLY FRONT CAMERA

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMQ6478Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 20

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 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.
- 5. 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:
 - 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.

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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.:

Accident Sketch Plan

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CRIBE CIRCUMSTAN	CES OF THE ACCIDENT				
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Keter .	to Police	Report	H	F/20200206	1 +0 +0
		1			
		/			
CLARATION e declare the foregoing p	particulars are true in every	y respect.		4	

Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC Sketch/lacForm_V3

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1 of 3

POLICE REPORT (NP299)

Police Station Of Origin Ang Mo Kio Division HQ 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No:1800-2180000

Report No. F/20200206/7040

Date/Time Report Made 06/02/2020 18:08	Vide Re	port No.		Station Diary No.
Name Of Informant MAMDUH BIN ABDUL MUTALIB	Address APT BLK 238 BISHAN STREET 22 #02-210 SINGAPORE 570238			02-210
ID Type / ID No. NRIC NO / S7331641C	Contact Home/C		Mobile: 91178923	
Nationality SINGAPORE CITIZEN	Email Address mamduh5959@gmail.com			
Occupation PROJECT MANAGER	Sex Male	Age 46	Date of Birth 05/09/1973	Race Malay
Institution/School Name	Language English			
Date/Time Of Incident 06/02/2020 07:30	Location Of Incident Along Ang Mo Kio Ave 1 approaching junction			
Brief details.				

Our car, SMM7213J had stopped for the red light infront of several cars, a few minutes later a car SMQ6478 whom filtered to the next lane had sideswiped our left side passenger door, due to shock, we heard the sound and expect the driver of SMQ6478 to stop, but he didn't stop, but continue to drive all the way. My wife who is seated next to me, then told me to follow the car and stopped right behind him, she went over to his car and told him that he hit our car. He said he only hit our left side mirror so that is why he refuse to stop. At this moment, my wife told him to alight and take a look at the damage on our car, then his passenger whom is his wife told him to take photo and we exchange hp number (his wife

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 18:08
Officer In-Charge Of Case;	Classification Of Case;
A. th autientics Ct.	

Authentication Stamp

POLICE REPORT





2 of

POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. F/20200206/7040

hp # 92778161 Her name is Kalyn) as we want to know how to settle the outcome, is it by private settlement or insurance. Then we move off. There is no particular details taken and due to trauma, we only remember the car is white color, number plate was SMQ6478, front passenger was their child and behind passenger was his wife. We exchange wassap about asking them to provide their workshop contact so that we can access the evaluation of the damage. Kalyn confirm her car have camera which since her husband drive from behind us, they should be able to provide their in cam camera footage. During lunchtime, Kalyn wassap me:-

Hi, can we have your car plate no? We are at the workshop now? After i wassap her my car number, an hour later, she wassap this message "We have filed our incident report. Please liaise with insurer" We now file our police report with regards to the incident in case investigation is required.

Victim	FORESCO DEPOS DE LOS DELOS DE LOS DELOS DE LOS DELOS DE LOS DELOS		
Person Name	MAMDUH BIN ABDUL MUTALIE		070040440
ID Type	NRIC NO	ID No	S7331641C
Gender	Male	Age	46
Race	Malay	Language	English
Occupation	PROJECT MANAGER	Address Type	
Address	APT BLK 238 BISHAN STREET 22 #02-210 SINGAPORE 570238	Mobile No	91178923
Is Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 18:08
Officer In-Charge Of Case:	Classification Of Case:

POLICE REPORT





3 of 3

POLICE REPORT (NP299)

Person Name

Authentication Stamp

CONTINUATION OF REPORT

MAMDUH BIN ABDUL MUTALIB (Informant)

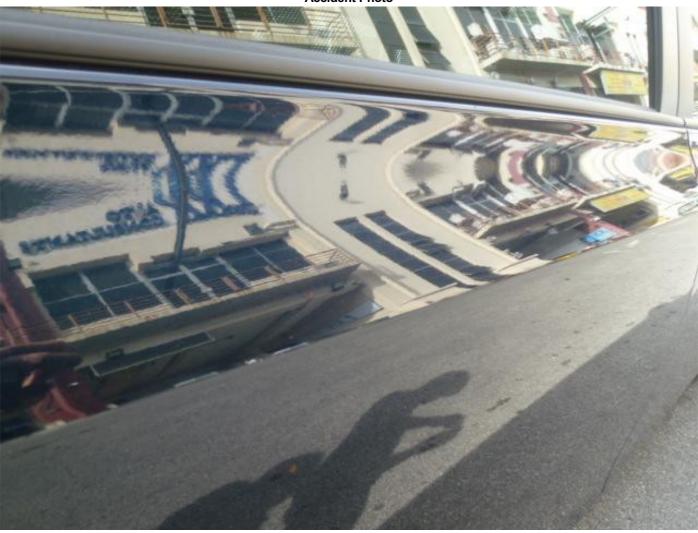
Report No. F/20200206/7040

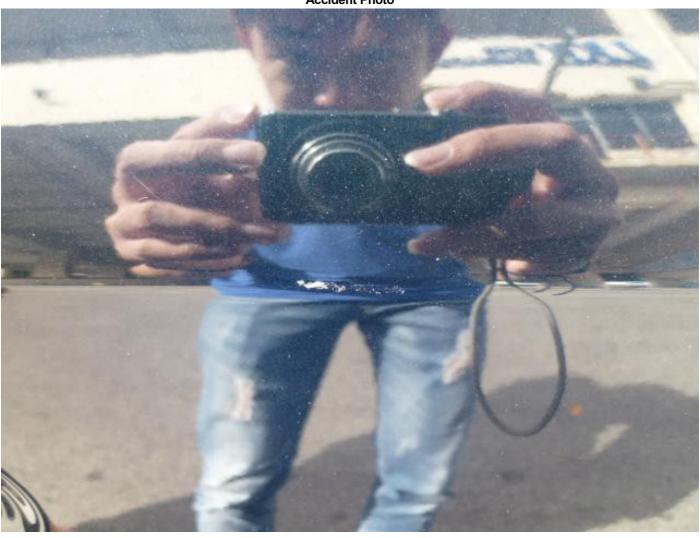
Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 18:08
Officer In-Charge Of Case:	Classification Of Case:

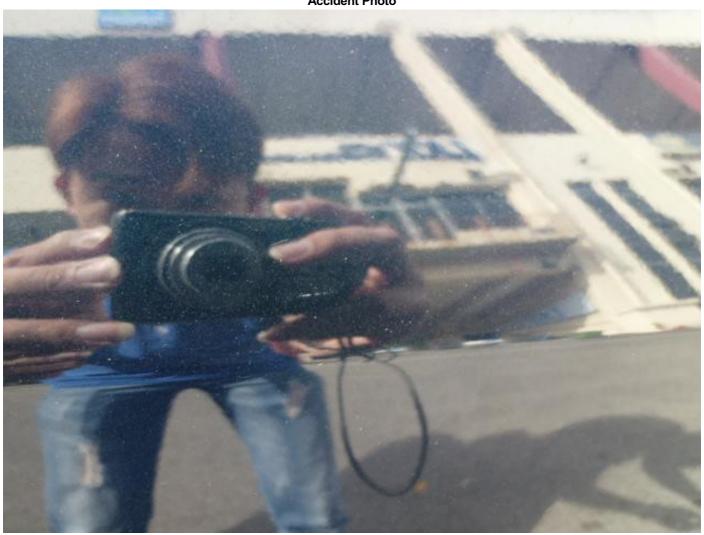




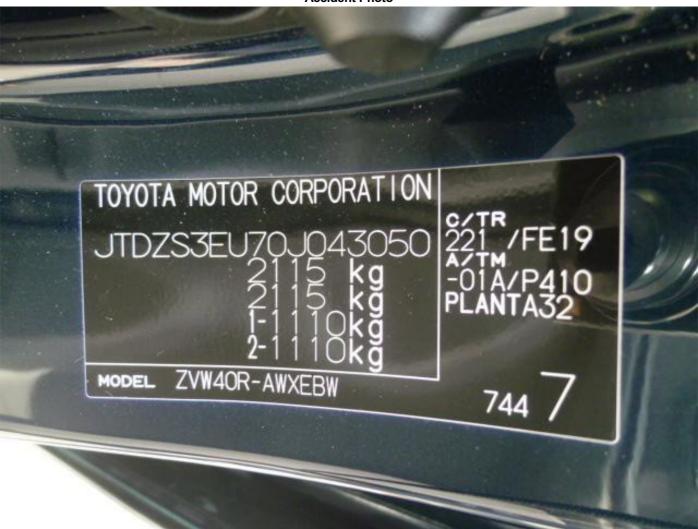












Police Report





SIMGAPORE SWIST

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POLICE REPORT (NP299)

Police Station Of Origin Ang Ma Kio Division HQ 51 Ang Ma Kio Avenue 9 SINGAPORE 569784 Tel No:1800-2180000 Report No. F/20200208/7040

Date/Time Report Made 06/02/2020 18:08	Vide Re	port No.		Station Diary No.
Name Of Informant MAMOUH BIN ABOUL MUTALIB	Address APT BLK 238 BISHAN STREET 22 #02-210 SINGAPORE 570238			02-210
ID Type / ID No. NRIC NO / 87331541C	Contact Home/C	0.000	Mobile: 91178923	
Nationality SINGAPORE CITIZEN	Email Address mamduh5959@gmail.com			UK.
Occupation	Sex	Age	Date of Birth	Race
PROJECT MANAGER	Mate	46	06/09/1973	Malay
Institution/School Name	Language English			
Date/Time Of incident	Location Of Incident			
08/02/2020 07:30	Along A	ng Me Kie A	we 1 approaching	junction
Brief details.		ě)	· Massil.	ANSTREET 23

Our car, SMM7213J had stopped for the red light infront of several cars, a few minutes later a car SMQ6478 whom littered to the next lane had sideswiped our teff slice passenger door, due to shock, we heard the sound and expect the driver of SMQ6478 to stop, but he didn't stop, but continue to drive all the way. My wife who is seated next to me, then told me to follow the car and stopped right benind him, she went over to his car and told him that he hit our car. He said he only hit our left side mirror so that is why he refuse to stop. At this moment, my wife told him to alight and take a look at the damage on our car, then his passenger whom is his wife told him to take photo and we exchange hp number (his wife

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2020 18:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200206/7040

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Person Name	MAMDUH BIN ABDUL MUTALIE	3	
ID Type	NRIC NO	ID No	S7331641C
Gender	Male	Age	46
Race	Malay	Language	English
Occupation	PROJECT MANAGER	Address Type	
Address	APT BLK 238 BISHAN STREET 22 #02-210 SINGAPORE 570238		91178023
s Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2020 18:08
Officer In-Charge Of Case:	Classification Of Case;
Authentication Stamp	

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Police Report





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POLICE REPORT (NP299)

Person Name.

CONTINUATION OF REPORT

MAMDUH BIN ABDUL MUTALIB (Informant)

Report No. F/20200206/7040

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter; Not applicable	Date/fime: 06/02/2020 18:08
Officer In-Charge Of Case:	Classification Of Case:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDENDL	JM	
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:			
			Vehicle Registration No: Smm 73/35	
	Name(as shownin NRIC) :	MAMBUH BIN ABBUL	NRIC/FIN/PassportNo : Sxxxx641C	
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate			
	Address :	BLK JS8 BISHAN ST	2) #03-2/0 Singapore(57035	
	Contact (Tel) :		Mobile No.: 91178933	
	Email Address :			
	Date of Accident :	06/62/20	_Time of Accident :07 35	
	Place of Accident :	AMK AVE / JUNC		
	Insurance Company:	AIG		
	ADDITIONAL INFORMATION / AMENDMENTS:			
	have made a report on the above mentioned accident and would like to include additional information or make the following amendments:			
	ADD IN AMEND POLICE REPORT			
	ADD IN	TP VEH NO SMQ6	478Y	
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	lu. ~	4	0	
8		*	- Tym 11/02/20	
	Policyholder / Driver's ! Date: ((/ ン/ アい)	Signature	Reporting Centre Personnel's Signature Name:	
	1 -/ 0		NRIC/FIN No.:	