

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	11/02/2020 14:37
Date Of Accident	10/02/2020 15:00
Exact Location Of Accident	BEDOK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3953P
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Insured/Policyholder

Name Of Registered Owner	OCCASIONS CATERING PTE LTD
Co Reg No	a200601950k
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91544783

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800056019
Cover Note Number	

Driver

Name of Driver	MUHAMAD ALFAIZ BIN MAHMUD
Work Permit No	G8605194Q
Date Of Birth	20/03/1998
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2019
Driving Experience	1 YEAR AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91544783
Fax Number	
Contact Number	
EMail Address	ALFAIZ2051@ICLOUD.COM
Address	-
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	2
Passenger 1	Name: : JINGXIA Gender: : Male

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

SEE ATTACHED 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	SMA8696T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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8. **Consent under the Personal Data Protection Act (PDPA)**

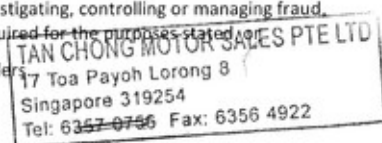
I understand, acknowledge, agree and consent that:

- (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 above;
 - (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: Aishah
NRIC/FIN No.: 8166082212

Diagram illustrating the connection of two SMA couplers:

- The top coupler is labeled **SMA 8969 T**.
- The bottom coupler is labeled **GBH 3A53 P**.

MY VEHICLE GBH 3953 P WAS TRAVELLING SLOWLY BEHIND VEHICLE SMA 896AT WHICH ALSO TRAVELLED VERY SLOWLY. BOTH OF US ARE COMING OUT FROM MINOR ROAD TOWARDS THE MAIN ROAD. AS I WAS TRAVELLING SLOWLY, I ALSO DID TURN MY HEAD TO LOOK FOR BLIND SPOT. SUDDENLY THE FRONT VEHICLE STOPPED AND I COULD BRAKE ON TIME. THEREFORE MY VEHICLE SLIGHTLY HIT THE BACK OF VEHICLE SMA 896AT

Policyholder's Signature _____
Date & Time: _____

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

Reporting Centre Personnel's Signature
Name: Aishah
NRIC/FIN No.: S1660822

PASSPORT

3

4 1 2 3 5 7 1 6

Tandatangan Pembiaya / Signature of Beare

Passport/
Passport

P

Kod Negara / Country Code
MYS

No. Passport / Passport No.
A41235716



Name / Name

MUHAMAD ALFAIZ BIN MAHMUD

Wanganegara / Nationality

Tarikh Lahir / Date of Birth
20 MAR 1998

Jantina / Sex
L-M

Tarikh Dikeluarkan / Date of Issue
07 OCT 2017

Pejabat Pengeluar / Issuing Office
UTC JOHOR



No. Pengenal / Identity No.
980320015647

Tempat Lahir / Place of Birth
JOHOR

Tinggi / Height
173 cm


Tarikh Tamat / Date of Expiry
07 OCT 2022




P<MYSMUHAMAD<ALFAIZ<BIN<MAHMUD<<<<<<<<<<<<<<<
A412357169MYS9803204M2210078980320015647<<34

Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**


 Licence Number: **G8605194Q**
 Name: **MUHAMAD ALFAIZ BIN MAHMUD**
 Birth Date: **20 Mar 1998**
 Issue Date: **15 Dec 2018**
 Valid Till: **14/12/2023**

002882449J



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

	EFFECTIVE DATE
Class 2B Class 3 Motorcycles <= 200 CC Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	15 Dec 2018 25 Jun 2019

G8605194Q

S / No. 9000288345

NP 428A

Licence No: G8605194Q



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

