

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	10/02/2020 01:11
Date Of Accident	09/02/2020 19:15
Exact Location Of Accident	PAYA LEBAR ROAD ALONG THE FILTER LANE LEADING TOWA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8523P
Insured/Policyholder	
Name Of Registered Owner	AZMI BIN MOHAMED HAMZAH
NRIC No	S7908556A
Email Address	MEQ79AZMI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92361379
Alternative Phone No	Others-92361379

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	BUYING DINNER
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	1900004947-01
Cover Note Number	

Driver

Name of Driver	AZMI BIN MOHAMED HAMZAH
NRIC No	S7908556A
Date Of Birth	31/03/1979
Occupation	INDOOR
Date Of Driving Pass	01/08/2002
Driving Experience	17 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-92361379
Fax Number	
Contact Number	OTHERS-92361379
E-Mail Address	MEQ79AZMI@HOTMAIL.COM
Address	455B ANG MO KIO STREET 44 #02-15 SINGAPORE
Postcode	562455
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

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

REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKQ7188B
Vehicle Make/Model/Colour	OPEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEOW JOON NGEE
NRIC/Passport Number	S1171390D

Contact Number	93832324/90027518
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, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 

10/02/2020 10:15 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

On 09/02/2020, I was driving my vehicle SKB 6523P + my driver. Time was about 1914hrs and I was driving along Page Liber Road (in the middle lane) going towards Ennos - A S. There was another car SKQ 7166S on my left side and after I overtook him, I ~~stopped~~ signalled left as I wanted to change ~~lane~~ lane. After I ~~had~~ moved to change lane, I continued to go ~~to~~ to the filter lane heading towards Ennos A S. At this ~~point~~ point of time, my signal left was still on and there was no vehicle on ~~the~~ my left as such I drove towards the filter lane. Suddenly car SKQ 7166S appeared ~~from~~ from my blind side and squeezed through the same lane. Due to this, the car SKQ 7166S side swiped ~~to~~ my vehicle on my left side from behind. ~~and~~ ~~then~~ I got ~~shock~~ shocked and I shifted my car away from him and stopped along Ennos A S. Both drivers got ~~out~~ out of the car and made a check on our vehicle. There was some damage on my left side of my vehicle. The other car got some damages on ~~any~~ its right side. We both decided to settle via insurance claim as such we exchange particulars. My side car cannot capture the incident No one was injured and no ~~great~~ property damage. I wish to claim insurance from the other party.

I/We declare the foregoing particulars are true in every respect.

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE IMMIGRATION

Passport Number: S7908556A

Name: AZMI IZIN MOHAMMED HAMZAH

2nd Date: 21 MAR 2019

Issue Date: 13 AUG 2003

K00245613C

