#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report <u>correctly</u> 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 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

<ol> <li>By the lodgement of this report to the insurers, you hereby conse aforesaid.</li> </ol>	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	22/01/2020 16:41
Date Of Accident	22/01/2020 12:30
Exact Location Of Accident	CANBERRA DRIVER S768069
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW2303A
Insured/Policyholder	
Name Of Registered Owner	IBRAHIM BIN HUSSIAN
NRIC No	S6809206Z
Email Address	IBRAHIM37SG@YAH00.COM.SG
Mobile Phone No	(LOCAL) +65-98777400
Alternative Phone No	Home-63626992
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	OUTLANDER-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING OUT TO HOSPITAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800011783
Cover Note Number	
Driver	
Name of Driver	IBRAHIM BIN HUSSIAN
NRIC No	S6809206Z
Date Of Birth	08/03/1968
ype Of Coverage leet Policy olicy Number over Note Number  priver lame of Driver  RIC No	COMPREHENSIVE NO 1800011783  IBRAHIM BIN HUSSIAN S6809206Z

**INDOOR** 

16/05/1988

31 YEARS AND 8 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-98777400

Fax Number

**Contact Number** HOME-63626992

**EMail Address** IBRAHIM37SG@YAHOO.COM.SG

7 CANBERRA DRIVE #04-14 Address

Postcode 768069

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 CLEAR** Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 Name:

> Gender: : Female

: ZAIDAH BTE ZAINAL

# **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

#### **Circumstances of Accident**

#### **REFER TO ATTACHMENT**

#### 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 SLH2772H

Vehicle Make/Model/Colour MAZDA/GREY/MAZDA 3

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver **TAN SIEW JOO**  NRIC/Passport Number Contact Number

S1164482A 98582733

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT PART LEFT SCRATCHES

No. Of Passenger (Including Driver)

#### SKETCH PLAN

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- 7. 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)
  - (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
- 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:

15304

Driver's Signature (If driver is not the policyholder)

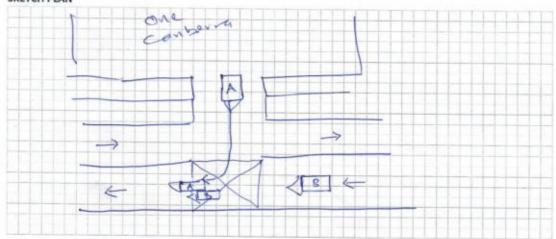
Date & Time:

20/1/2020 1530h

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

#### SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time: 1230+r	car A ' DONOY
Detc: 32/1/2020	cor & Other
Place: Earberra Drive	
I was driving and from	. One conserva going to MT Murning
Hospital. I stopped outsid	e the grandhouse to book for boths
I saw on my right	side was abor and no vahide
coming and also my lo	elt sick apposite Here is no valuate
coming. So my whether	is turning right as here was
no Jon coming volticle	on my left side
Unite I was	turning to get to the lave
suddenly I was hit by	the left grate on coming valuable
so we took out	es and exchang for particular
4	R. C. L.

#### DECLARATION

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

Policyholder's Signature Date & Time: 32/10020

HARME SAME PRACTICE VI

Driver's Signature

(If driver is not the policyholder) Date & Time: 22/1/22 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

15000

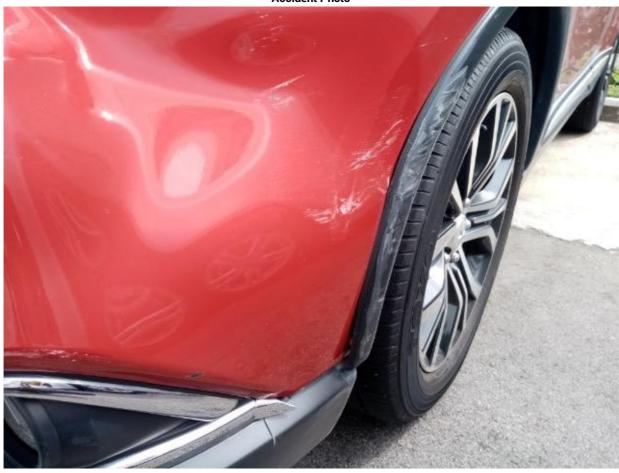




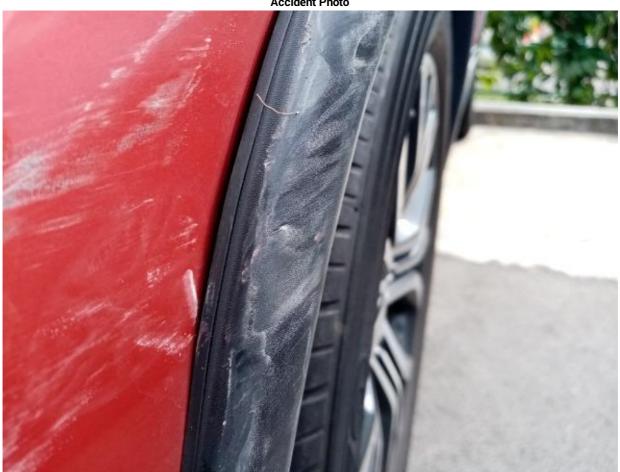














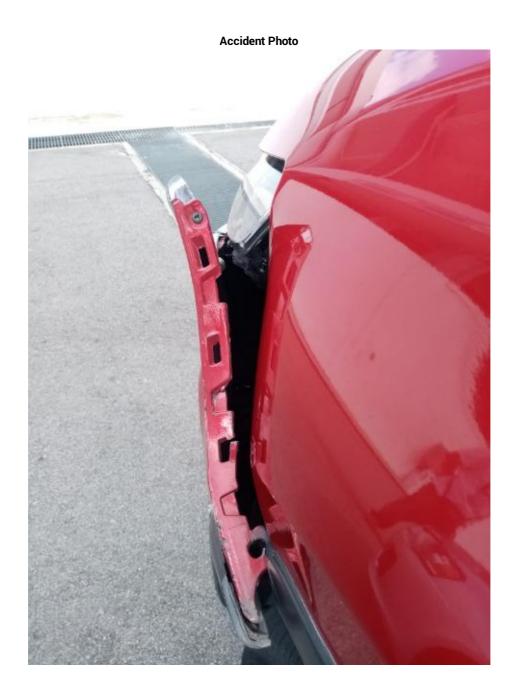












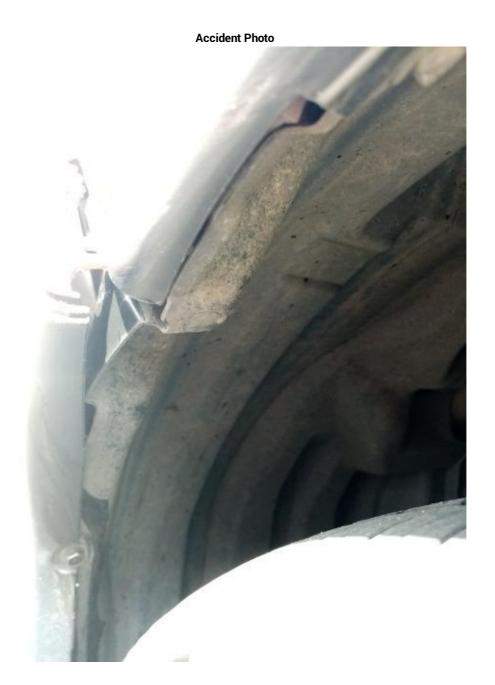


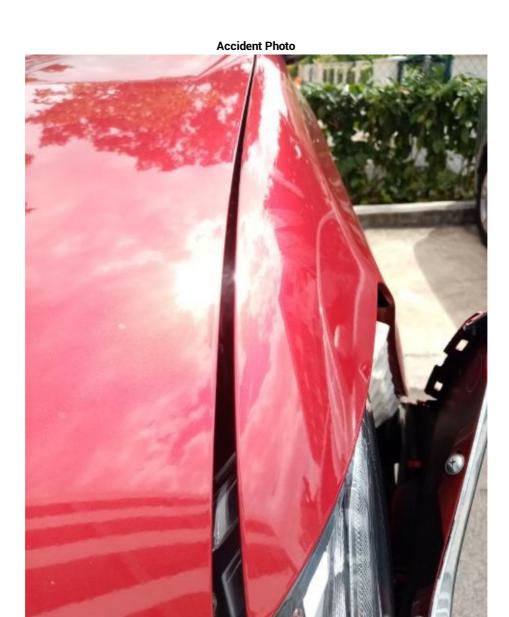












#### **Identification Card**



