

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	04/03/2020 15:00
Date Of Accident	01/02/2020 19:20
Exact Location Of Accident	GOLDEN LANDMARK CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ5608X
Insured/Policyholder	
Name Of Registered Owner	AZHAR BIN MOHAMED BASAR
NRIC No	SXXXX305A
Email Address	MAKKAH_MDNH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96685296
Alternative Phone No	HOME-67594557

Vehicle Particulars

Manufacturer	AUDI
Model	Q3 1.4 TFSI S TRONIC
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?	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	1900251256
Cover Note Number	

Driver

Name of Driver	AZHAR BIN MOHAMED BASAR
NRIC No	SXXXX305A
Date Of Birth	08/07/1962
Occupation	INDOOR
Date Of Driving Pass	06/12/1983
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96685296
Fax Number	
Contact Number	HOME-67594557
Email Address	MAKKAH_MDNH@YAHOO.COM.SG

Address	BLK 297 YISHUN STREET 20 #03-57
Postcode	760297
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	COLLIDED INTO PARKED VEHICLE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

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	SKD7122J
Vehicle Make/Model/Colour	TOYOTA GREY
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, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

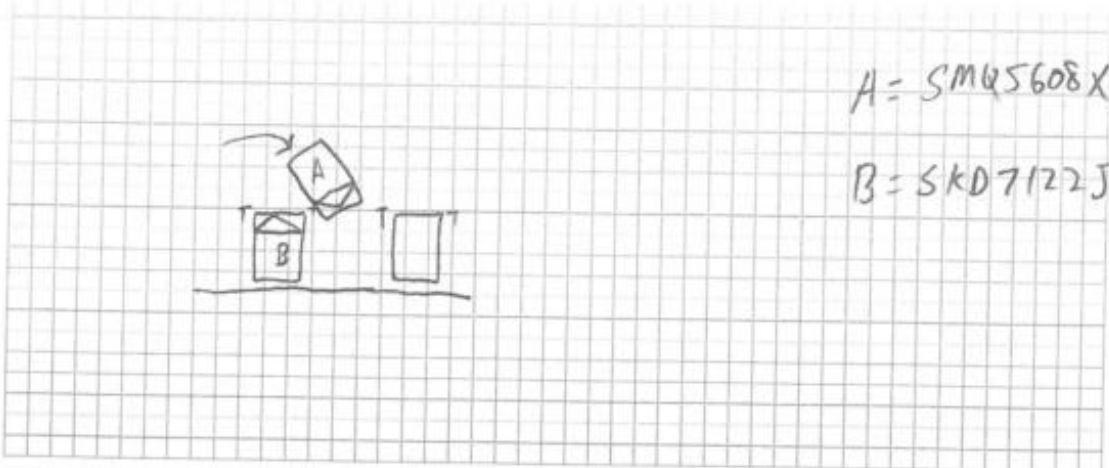

Policyholder's Signature
Date & Time: 11/3/2020

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


Reporting Centre Personnel's Signature
Name: Tony Fong
NRIC/FIN No.: G2040107X

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please ^{see} police report as attached

DECLARATION

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

Policyholder's Signature

Date & Time: 4/3/2020

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Tony Foo

NRIC/FIN No.: G20401471



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



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529899



T/20200202/2062

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Report No. T/20200202/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2020 17:57		Video Report No.:		Station Diary No.: 111
Informant's Particulars				
Name of Informant: AZHAR BIN MOHAMED BASAR		Address: APT BLK 297 YISHUN STREET 20 #03-57 SINGAPORE 760297		
ID Type / ID No.: NRIC NO / S1554305A		Contact No.: Home/Office: Mobile: 98685298		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 57	Date of Birth: 08/07/1962	Type of Informant: Driver	
Race: Malay		Language:	Institution / School Name:	
Occupation: ICA OFFICER		Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury	Drink Drive: No	Date/Time of Accident: 01/02/2020 18:20	Type of Location: Car Park
Location: Along Road 1 ARAB STREET			
Golden Landmark Shopping Centre Basement 1 carpark			
Weather:	Road Surface:	Road Speed Limit:	
Traffic Flow:	Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKD7122J	Car	TOYOTA		Grey	Slightly Damaged	0
SMQ5608X	Car	AUDI	Q3 1.4 TFSI S TRONIC	White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
SMQ5608X	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800251256	25/11/2019	24/11/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20200202/2062

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200202/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AZHAR BIN MOHAMED BASAR	ID No.	S1554305A
Related Vehicle	SMQ5608X (Car)	Contact No.	96685296
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 01/02/2020 at around 1920hrs , I drove my vehicle SMQ 5608 X into the Basement carpark of Golden Landmark Shopping Centre. I wanted to park my vehicle into the a carpark lot and I drove head in . However as the carpark lot was too small , I reversed my vehicle out from the lot and the right portion of my car hit the left portion of a parked car on my right , lot no 91. The vehicle that I hit is SKD 7122 J Grey colour Toyota. After the collision , I parked my vehicle as a proper lot before I went to get to the shopping centre to get a piece of paper as I wanted to write a note ,containing my contact number , and place it on the car that I have hit. However around 1950hrs , I went back to the basement carpark and the car which I have hit had already left the scene. I am lodging this Report as I have no intention of hit and run accident as I has gone to get a piece of paper from the shopping centre and only to realize it had already left when I went back to the carpark.

Police Report



SINGAPORE
POLICE FORCE



T/20200202/2062

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20200202/2062

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Staff Sgt ZENG ZHIMIN, KEVIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/02/2020 17:57
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65478151	Classification Of Case: SN 085
Authentication Stamp NP168	Signature: Singapore Police Force