

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	28/07/2020 11:30
Date Of Accident	28/07/2020 06:45
Exact Location Of Accident	504 MULTI STOREY YISHUN ST 51 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1224B
Insured/Policyholder	
Name Of Registered Owner	ZULKARNAINS BIN MOHAMED YAZID
NRIC No	SXXXX847B
Email Address	FIR6THAVE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82437840
Alternative Phone No	OTHERS-87683704

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (M)
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10376409R00
Cover Note Number	10/06/2020 - 09/06/2021

Driver

Name of Driver	ZULKARNAINS BIN MOHAMED YAZID
NRIC No	SXXXX847B
Date Of Birth	20/03/1962
Occupation	INDOOR
Date Of Driving Pass	16/02/1994
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82437840
Fax Number	
Contact Number	OTHERS-87683704
EMail Address	FIR6THAVE@YAHOO.COM.SG

Address	BLK 649 WOODLANDS RING ROAD #10-432
Postcode	730649
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	FIRE, EXPLOSION OR LIGHTNING
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT REF - L/20200782/2021

Attachment(s)

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

Sketch Plan Pg. 1

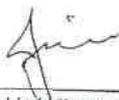
SKETCH PLAN

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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.



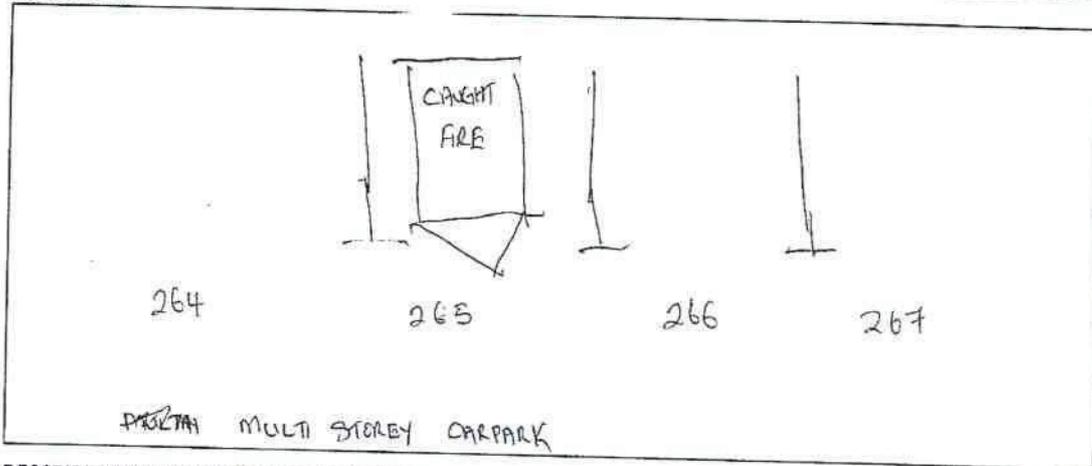
Policyholder's Signature
Date & Time:

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

AH LINA MOTOR COMPANY
No. 10 Ang Mo Kio Industrial Park 2A
#01-09 AHK Auto Point Singapore 568047
Tel: 6482 1244 Fax: 6482 0170
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 28/07/20 Time: 0645 Location: 504 MULTISTOREY YISHUN ST 51
 My Vehicle A: SJK12245 Vehicle B: _____ Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT, REPORT NO. L/20200728/2021

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :
 Email address : firsthave@yahoo.com.sg firsthave@yahoo.com.sg
 & myself :
 Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

AH LIM MOTOR COMPANY
 No. 10 Ang Mo Kio Industrial Park 2A
 #01-09 AMK Autopoint Singapore 568047
 Tel: 6481 1214 Fax: 6483 6170

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

AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



L/20200728/2021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20200728/2021

After receiving the call, I quickly rushed down to the said carpark and observed the fire had already being extinguished. Subsequently, I was provided a case card reference L/20200728/0061 and advised to lodge a police report for insurance claim.

I wish to add on on 27/07/2020 at about 2000hrs, I had parked V1 at Blk 504 Yishun MSCP Lot 265 to visit my elder son. My younger son namely Muhammad Arfa Bin Zulkarnains, S9742074B, c/n: 81657170 residing at Blk 649 Woodlands Ring Road #10-432 had fetched me home around midnight. I wish to state that I had left V1 overnight at the said carpark and intending to collect it on 28/07/2020.

I do not have any suspect in mind and I did not borrow any money lenders.

V1 is 11 years old and I had just renewed my COE until 2025. There were no modifications made to V1.

I am lodging this report for insurance claim purposes.

Signature Of Officer Recording The Report: L / Sgt 2 MUHAMMAD IRYANI BIN JOHARI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/07/2020 10:49
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Sr Staff Sgt NG YU HOW Contact No.: 64660000	Classification Of Case:

Authentication Stamp

