

## 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	08/07/2020 15:14
Date Of Accident	07/07/2020 17:15
Exact Location Of Accident	BEDOK ROAD TURNING TO MAHAMODIYA RESTAURANT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD6528E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALPHAACTS
Co Reg No	53104136X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	CITROEN
Model	C4 CACTUS-1.2 PURETECH 82 (A)
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?	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	1800102807
Cover Note Number	

### Driver

Name of Driver	JILANI BIN MOHAMED TAIB
NRIC No	S0355292F
Date Of Birth	10/03/1949
Occupation	INDOOR
Date Of Driving Pass	07/08/1974
Driving Experience	45 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97964056
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	130 SIMEI ST 1 #02-230
Postcode	520130
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : JILANI MOHD TAILO Gender: : Male

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK DIVISION HQ
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

#### 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	FBC7818Y
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

HAI DI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBC7818Y

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Sketch Plan

**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) 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.

alphaACTS  
UEN: 53104136X

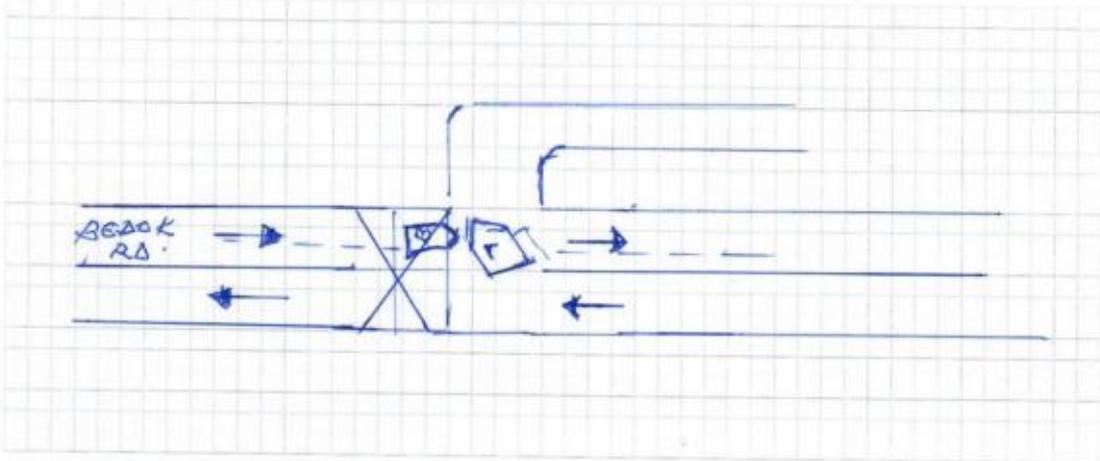
Policyholder's Signature  
Date & Time:

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

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

8/7/2020  
1.53 PM

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along Bedok Road, after checking that there was no oncoming motorist, I proceeded to make a right turn into the slip road in front of New Mahamodiya. Before I could complete the turn, a motorcycle ~~subode~~ suddenly appeared and hit my car.

DECLARATION

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

**alphaACTS**  
UEN: 53104136X

Policyholder's Signature  
Date & Time:

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

8/7/2020 1.53pm

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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# Police Report



**SINGAPORE  
POLICE FORCE**



G/20200707/079

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20200707/079

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2440000

Date/Time Report Made <b>07/07/2020 21:22</b>		Vide Report No.		Station Diary No.	
Name Of Informant <b>JILANI BIN MOHAMED TAIB</b>		Address <b>130 SIMEI STREET 1 #02-230 SINGAPORE 520130</b>			
ID Type / ID No. <b>NRIC NO / S0355292F</b>		Contact No.		Home/Office:      Mobile: <b>97964056</b>	
Nationality <b>SINGAPORE CITIZEN</b>		Email Address <b>jilanitab@gmail.com</b>			
Occupation		Sex	Age	Date of Birth	Race
Retiree		Male	71	10/03/1949	Malay
Institution/School Name		Language <b>English</b>			
Date/Time Of Incident <b>07/07/2020 17:15</b>		Location Of Incident <b>BEDOK ROAD</b>			

**Brief details.**

REPORT NO: #G/20200707/0125

Along Bedok Road, after checking that there was no oncoming motorist, I proceeded to make a right turn into the slip road in front of New Mahamodiya, with the intention of going to Tang Tea House. Before I could complete the turn, a motorcycle suddenly appeared, but he was at a distance, just before the yellow box. I jam braked but the motorcyclist hit the front of my car.

Subjects Involved <b>Wsdm</b>	
Signature Of Officer Recording The Report: <b>Not applicable</b>	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: <b>Not applicable</b>	Date/Time: <b>07/07/2020 21:22</b>
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

# Police Report



**SINGAPORE  
POLICE FORCE**



G/20200707/7079

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No, G/20200707/7079

Person Name	Hadi		
Gender	Unknown	Age	0
Race	Malay	Mobile No	97418148
Relation To Informant	stranger		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 07/07/2020 21:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Identification Card



Accident Photo



Accident Photo



Accident Photo

