

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	23/09/2020 13:14
Date Of Accident	21/09/2020 14:20
Exact Location Of Accident	SEMBAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN8943Z
Insured/Policyholder	
Name Of Registered Owner	MR MUHAMMAD FATHULLAH BIN MOHAMED HARUN
NRIC No	S9030026A
Email Address	MD.FATHULLAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91256354
Alternative Phone No	Office-91256354

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.4 SEDAN 1.5L SP.6EAT (A)
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	
Cover Note Number	

Driver

Name of Driver	MR MUHAMMAD FATHULLAH BIN MOHAMED HARUN
NRIC No	S9030026A
Date Of Birth	23/08/1990
Occupation	INDOOR
Date Of Driving Pass	01/10/2012
Driving Experience	7 YEARS AND 11 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-91256354
Fax Number	
Contact Number	OFFICE-91256354
E-Mail Address	MD.FATHULLAH@GMAIL.COM
Address	509 WOODLANDS DRIVE 14 #08-11
Postcode	730509
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	COLLISION - CHANGE/CROSS LANE
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 SKETCH PLAN.

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	SKZ4570A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEW KAI LONG
NRIC/Passport Number	S6805965H
Contact Number	88083956

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

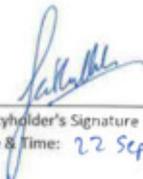
SKETCH PLAN

IMPORTANT NOTICE

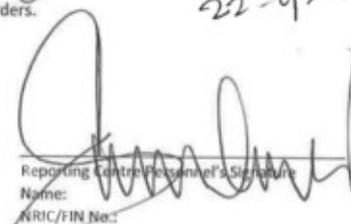
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 22 Sep 2020

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

22-9-2020

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

ACKNOWLEDGEMENT FORM

Accident involving vehicles SMN 8943 Z and SKR 4570A on 21 September 2020

I/We, Muhammad Fathullah the owner of vehicle registration number SMN 8943 Z confirm that I/we have been advised by Trans Eurokars Pte Ltd and fully understand the content of my/our motor insurance claim as specify hereinafter.

TYPE OF CLAIMS

I/We agree to proceed with:

- Own-Damage claim only.
- Own-Damage claim for cost of repairs and recover uninsured losses from third party.
- Claim against third party/insurer for cost of repairs and incidental expenses.

MOTOR ACCIDENT REPORT

Trans Eurokars Pte Ltd will assist me/us to file the motor accident report in the GIA Motor Accident Report database system. All accidents should be reported to insurance companies within 24 hours, or by the next working day.

PRE-REPAIR INSPECTION

For property damage claim to my/our vehicle, Trans Eurokars Pte Ltd will prepare a repair estimates and I/we are required to make available my/our damaged vehicle at Trans Eurokars Pte Ltd to allow the insurers to inspect the damage prior to the repairs being done.

The insurers, upon receipt of the location of my/our damaged vehicle, will conduct a pre-repair inspection within 3-4 working days from the time of the notification. Trans Eurokars Pte Ltd will proceed to carry out the scope and cost of repairs in accordance with the recommendations and advise of the licensed motor surveyor appointed by the insurers and/or on my/our behalf.

DETERMINE LIABILITY

The time taken for insurers to establish which party is at fault and determine the liability to be assumed by each party varies depending on the accident circumstances and statements made by parties involved. Trans Eurokars Pte Ltd will not be able to proceed further with my/our third party claim under the following circumstances:

- Third party insurance company disputes or denies liability or
- Third party owner/driver fails or refuses to report and the insurance company repudiates liability of their insured due to breach of policy terms and conditions.

In which case, I/we will have to decide to claim Own-Damage, Own-Damaged with Uninsured Losses or to pursue the claim with the Financial Industry Disputes Resolution Centre (FIDReC) on my own.

If I/we decided to convert my/our claim for cost of repairs to my/our own insurance policy, I/We shall amend the statement in the GIA Motor Accident Report and submit the own damage claim within 14 days from the date of accident to my/our insurance company. A compulsory policy excess stated in the motor insurance policy taken up by me/us, is applicable for own damage claim.

NO-CLAIMS DISCOUNT (NCD)

My/Our NCD will be deducted when I/we file a claim against my/our own-policy or there is a successful counterclaim file against my policy by the third party.

Accident Photo



Accident Photo



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