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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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.

7. By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	05/06/2018 16:48		
Date Of Accident	18/05/2018 17:40		
Exact Location Of Accident	ALONG KPE TOWARDS CHANGI AIRPORT		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJK2556Z		
Insured/Policyholder			
Name Of Registered Owner	MUHAMMAD HARITH BIN MOHAMED AJARI		
NRIC No	S8341794C		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-98554066		
Alternative Phone No	OTHERS-98554066		
Vehicle Particulars			
Manufacturer	PROTON		
Model	GEN21.6ATHLE		
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?	NO		
If No, Please state action to be taken	REPORTING ONLY		
Vehicle Category	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	M493726		
Cover Note Number	15/10/2017-14/10/2018		
Driver			
Name of Driver	ALWIE BIN MUSTARI		
NRIC No	S1542701I		
Data Of Distle	00/00/4000		

Date Of Birth 26/02/1962 Occupation **INDOOR Date Of Driving Pass** 29/04/1983

Driving Experience 35 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98554066

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 180 PASIR RIS STREET 11

#03-10

Postcode 510180

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OTHER - SON IN LAW

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 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 TAMPINES EAST NPP

Police Station Address ROAD: 263 TAMPINES STREET 21 #01-138, POSTCODE: 520263,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7839999 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON THE STATED DATE AND TIME, I WAS DRIVING MY VEHICLE A (SJK2556Z) ALONG KPE TOWARDS CHANGI AIRPORT, I AM CHECKING THE ONCOMING VEHICLE ON MY LEFT AND SUDDENLY MY VEHICLE HIT ONTO THE VEHICLE B (SJQ622Y). THERE WERE NO INJURIES.

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 SJQ622Y

Vehicle Make/Model/Colour

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 Pg. 1

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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 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.

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.:

Sketch Plan Pg. 2

SKETCH PLAN		
	ALONG KPE TWOS G VEH A STK 2556	
B	VEH A - STK 2556 VEH B - STGG 27	6
DESCRIBE CIRCUMSTANCES OF TH		
REFER TO GIA REPORT		
		Managara and a second a second and a second
	ed by workshop that in the event m against your own policy (OD	Reporting Only
claim), there is a	Fourteen (14) days clause	Claim OD Claim TP
	must be made within the from the day of occurrence.	Claim OD/TP at other workshop
DECLARATION I/We declare the foregoing particulars	are true in every respect.	Reg. No. 300 104141D 00 00 00 00 00 00 00 00 00 00 00 00 00
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:

Date & Time:

NRIC/FIN No.:

Page 5 of 15

POLICE NOTICE OF REPORTING Pg. 1

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm thatAlwie Bin Mustari,			
NRIC/FINS15427011, has reported to the Police a non-injury traffic accident			
which occurred at Along KPE towards Changi Airport			
on 18/05/2018 at 1741hrs am/pm involving the following vehicles:			
1) SJK2556Z (car belonging to Alwie Bin Mustari)			
2) SJQ622Y (car belonging to the other party			
2 If this accident was reported to the Police within 24 hours of its occurrence,			
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.			
· · · · · · · · · · · · · · · · · · ·			
Rank/Name of Issuing Officer: <u>Sgt Bryan Lim</u>			
Date: <u>19/05/2018</u> Time: <u>1737hrs</u>			
S/D Ref:22			
Police Post/Unit:Tampines East NPP			
Original – to be issued to informant Duplicate – to be submitted to Traffic Police #01-138 Singapore 52026? #01-138 Singapore 52026? Tel: 1800-7839999			



















