Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 11/11/2020 15:17

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 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 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

	ACCIDENT STATEMENT
Date Of Report	11/11/2020 15:07
Date Of Accident	31/10/2020 21:15
Exact Location Of Accident	TAMPINES AVENUE 10
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL2055Z
Insured/Policyholder	
Name Of Registered Owner	SIRADJOUDINE S/O MOHAMED ISMAIL
NRIC No	S1167283C
Email Address	SIRADJOUDINE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-90114212
Alternative Phone No	Others-90114212
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E200 2.0
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
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Гуре Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100500854-03
Cover Note Number	
Driver	
Name of Driver	SIRADJOUDINE S/O MOHAMED ISMAIL
NRIC No	S1167283C
Date Of Birth	16/12/1955
Occupation	INDOOR
Date Of Driving Pass	13/11/1979

40 YEARS AND 11 MONTHS

Gender **MALE**

(LOCAL) +65-90114212 Mobile Number

Fax Number

Contact Number OTHERS-90114212

EMail Address SIRADJOUDINE@YAHOO.COM.SG

BLK 932 TAMPINES STREET 91 #03-403 Address

SINGAPORE

Postcode 520932 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 SIDE SWIPE **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

NO Was any body injured in the Accident?

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)

Passenger 1 Name: : PAX 1

> Gender: : Female

Passenger 2 Name: : PAX 2

> Gender: : Female

Passenger 3 Name: : PAX 3 Gender: : Female

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CAIRNHILL NEIGHBOURHOOD POLICE POST

ROAD: BLK 9 GLOUCESTER ROAD, POSTCODE: 210009, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2968999 - FAX NO: 63912398

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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 SHC2735P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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
- 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)
 - (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
- 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.
- 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			
D A A A B B			Vehicle A-SLL2055Z B-SHO735P
			Legend
DESCRIBE CIRCURASTANCES	OF THE ACCIDENT		Vehicle Motorcycle
DESCRIBE CIRCUMSTANCES	S OF THE ACCIDENT		
rafer	topulice report.		
2010			
		0	
	ticulars are true in every respect. ay have a fourteen (14) days clause whereby the claim again ack your policy for more details.	ast own policy must be made wit	hin the stigulated timeframe
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Po	ersongel's Signature

NRIC/FIN No.:

Date & Time:





Police Station Of Origin:

Cairnhill NPP

9 Gloucester Road #01-03 SINGAPORE

210009

Tel No: 1800-2968999

REPORT OF A TRAFFIC ACCIDENT

100001000	ARAN ING AKAD DA	RAME CORRES	UM SALAN	化硫酸银银
	DOLENI HAR II	N (DER SEEN ALE)	ORIMIN CO	TOTAL BEA
	DOLLAR AUROL BALON AUR	O CARL CHACLER I	A SEE COMPANY	H ANNA AN AN
	T/20201	111/206	3	

1 of 3 Report No. T/20201111/2063

Date/Time Report Made: 11/11/2020 13:21		Vide Report No.:	Station Diary No.: 15		
Informa	nt's Partice	ulars		CONTRACTOR OF THE PARTY OF THE	
	Informant: OUDINE S/	O MOHAMED	Address: APT BLK 932 TAMPIN 520932	NES STREET 91 #03-403 SINGAPORE	
	/ ID No.: D / S11672	33C	Contact No.: Home/Office: Mobile: 90114212		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 16/12/1955	Type of Informant:		
Race: Indian			Language:	Institution / School Name:	
Occupation: BUSINESS OWNER			Driving Licence Information: Class: 2B,3 Date of Expiry:		

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 31/10/2020 21:15	Type of Location Straight Road
Location: TAMPINES A Weather: Clear	VENUE 10	Road Surface:	1000	oad Speed Limit:
Traffic Flow: Dual Carriage	Way	Traffic Control: Not Controlled	raffic Control: Traf	
Type of Collis			nyone conveyed by mbulance:	

Details of Vehicle Involved							
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger	
SHC2735P	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	1 1	Slightly Damaged	1	
SLL2055Z	Car	MERCEDES BENZ	E200 AVG (R18 LED)	Brown	Slightly Damaged	3	

Details of V	ehicle insurance			25
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



LTD.



2 of 3 Report No. T/20201111/2063

Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009

Tel No: 1800-2968999

SLL2055Z

CONTINUATION OF REPORT

		annum and the state of the stat		
STATE OF THE OWNER, SALES	Insurance Company	Insurance No	Effective	Expiry Date
SLL2055Z	AIG ASIA PACIFIC INSURANCE PTE.	ACCORDING THE PROPERTY OF THE PARTY OF THE P	17/02/2020	16/02/2021

Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	sing: NA
Driver	一年 とり はは できる マル	亚洲东南州	STATE AND ADDRESS.	(Carrier	相談表	
Name	SIRADJOUDINE S/O MOHAMED ISMAIL			ID No		S1167283C
Related Vehicle	SLL2055Z (Car)			Conta	ct No.	90114212
Hospital/Clinic	NIL			Class Drivin Licend Expire	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	And in case of the last of the	NIL	
	ted Medical Leave	NIL	Degree of	fInjury	NIL	

On the abovementioned date, time and location, while I (SLL2055Z) was travelling along Tampines Ave 10 in the centre lane, I was making a filter to the left as I wanted to make the left turn into TPE. I saw that there was a bus stationary at the bus stop ahead and I slowed down and contemplated whether I wanted to filter to the centre lane, in order to overtake the bus. However, while I was doing so, another vehicle (SHC2735P) drove past me and swiped the right side of my vehicle. We both stopped at the side of the road and informed that we will both claim from insurance.

My vehicle suffered scratches along the front right mudguard. The other vehicle was driving quite quickly.

I am lodging this report as informed by TP.





Police Station Of Origin: Cairnhill NPP 9 Gloucester Road #01-03 SINGAPORE 210009 Tel No: 1800-2968999 3 of 3 Report No. T/20201111/2063

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 <u>report number</u> as reference.

Signature Of Officer Recording The Report: A / Sgt 3 POON HONG PIN JAMES		Signature Of Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 11/11/2020 13:21		
Officer In Charge Of Cas TP / GIA / Staff Sgt WONG SIEU LU Contact No.: 65476151		Classification Of Case:		
Authentication Stamp NP168	POLICE FORCE SIGNA	TURE		













