SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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</u> 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 aforesaid.

aforesaid.	terit to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/11/2020 11:34
Date Of Accident	04/11/2020 18:00
Exact Location Of Accident	ALONG ANG MO KIO AVE 6
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBQ8256M
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NURRAIHAN BIN RAHMAT
NRIC No	SXXXX629D
Email Address	MRAIHAN15@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88516221
Alternative Phone No	OFFICE-88516221
Vehicle Particulars	
Manufacturer	YAMAHA
Model	AEROX GDR155A-155CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Tuna Of Cayaraga	COMPREHENSIVE

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 2070032789

Cover Note Number

Driver

Name of Driver MOHAMMAD NURRAIHAN BIN RAHMAT

NRIC No SXXXX629D

Date Of Birth 04/03/1993

Occupation INDOOR

Date Of Driving Pass 14/06/2012

Driving Experience 8 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88516221

Fax Number

Contact Number OFFICE-88516221

EMail Address MRAIHAN15@GMAIL.COM

Address BLK 293 BISHAN STREET 22 #05-83

Postcode 570293

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 - 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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : FATIN 'AMIRAH (88333106)

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

Circumstances of Accident

REFER TO STATEMENT

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 SLG2294B

Vehicle Make/Model/Colour HONDA SHUTTLE HYBRID

Details Of Properties

Vehicle Category PRIVATE HIRE

Name of Driver SAHRI BIN SEEBLI

NRIC/Passport Number SXXXX390C Contact Number 88857702

Address

Postcode

Insurance Company Name TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SWOLEN HIP, BRUISES

FBQ8256M

Protected By Symantec

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)
 - (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.
- (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.

older's Signature & Time: 05/4/20

GREAM Serve Transcent #5

Driver's Signature

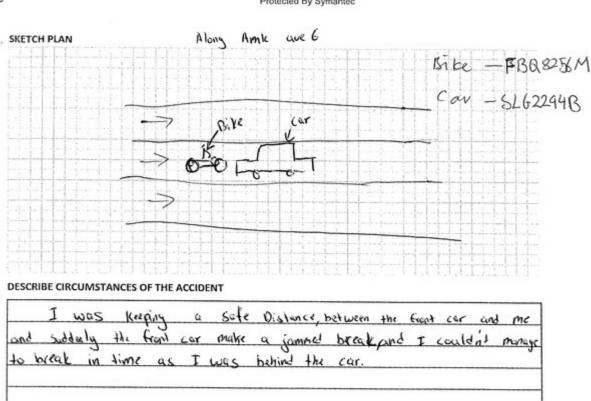
(If driver is not the policyholder)

Date & Time: 05/11 /20

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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DECLARATION

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

Policyholder's Signature
Date & Time: O.J./II 170

Driver signature (If driver is not the policyholder)

(If driver is not the policyholder Date & Time: 05/11/70 Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

11:25





A Singapore Government Agency Website



LOGOUT

PAYMENT TERMS AND CONDITION

Page 1 of 4

Dear MOHAMMAD NURRAIHAN BIN RAHMAT (NRIC: S9306629D),

Welcome to the e-application of QDL page!

Your Licence and Test Information

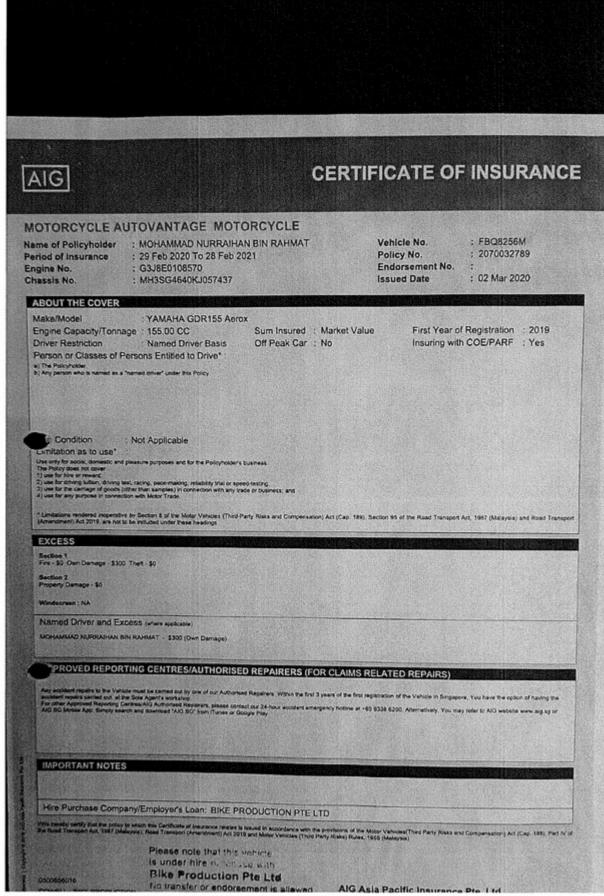
Our records shows that you possess the following class of qualified driving licence (QDL) with expiry date, :

- i. Class 2A
- ii. Class 2B

You have passed Practical Test(s) for following class(es).

- Class 2A Practical Test at SSDC on 16 Feb 2016.
- Class 2B Practical Test at SSDC on 14 Jun 2012.

Our records show that you have already made replacement of your Singapore Qualified Driving Licence 2 times. Subsequent replacement can only be done over the service counter at Traffic Police located at 10 Ubi Avenue 3.







NRIC N-8930662

Date of lianue 03-04-2013

APT BLK 293 BISHAN STREET 22 #05-83 SINGAPORE 570293







Accident Photo













Accident Photo



