

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	10/11/2020 11:33
Date Of Accident	08/11/2020 20:00
Exact Location Of Accident	SIMEI RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB4747A
Insured/Policyholder	
Name Of Registered Owner	HAIRUL HIDAYAT BIN ISA
NRIC No	SXXXX597F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91384753
Alternative Phone No	OFFICE-91384753

Vehicle Particulars

Manufacturer	NISSAN
Model	GTR
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?	NO
If No, Please state action to be taken	THIRD PARTY
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	1900152217-01
Cover Note Number	

Driver

Name of Driver	HAIRUL HIDAYAT BIN ISA
NRIC No	SXXXX597F
Date Of Birth	10/09/1982
Occupation	INDOOR
Date Of Driving Pass	18/12/2003
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91384753
Fax Number	
Contact Number	OFFICE-91384753
Email Address	NOEMAIL

Address	28 SIMEI ST 1 #07-12
Postcode	529948
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	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?	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)	2
Passenger 1	NAME: : HAFIYAH SAKINIYATI BINTE ALI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20201109/7031

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	SCU3339H
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)

DETAILS OF INJURED PERSON 1	
Name	HAIRUL HIDAYAT BIN ISA
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLB4747A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	HAFIYAH SAKINIYATI BINTE ALI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLB4747A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

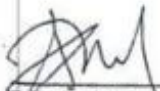
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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.


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.:

Accident Sketch Plan

SKETCH PLAN

A: SLB 6767A
B: SCW 3339H


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please refer police report (T2020110917031)

DECLARATION

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


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.:

Police Report

4:12

4G

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**SINGAPORE
POLICE FORCE**



1/202011097031

1 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T202011097031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/11/2020 15:56
Vide Report No.:
Station Duty No.:

Informant's Particulars

Name of Informant: HAIRUL Hidayat Bin Isa	Address: 28 SIMEI STREET 1 #07-12 SINGAPORE 529948		
ID Type / ID No.: NRIC NO / S8229597F	Contact No.: Home Office: Mobile: 91354753		
Nationality: SINGAPORE CITIZEN	Email: hairulisa@gmail.com		
Sex: Male	Age: 38	Date of Birth: 10/09/1982	Type of Informant: Driver
Race: Bugis	Language: English		Institution / School Name:
Occupation: Other business services and administration managers nsc	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2020 08:00	Type of Location: Straight Road
Location: SIMEI ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 80 Km/h		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Rear	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SCL0339H	Car					0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL
Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



1/202011097031

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T202011097031

CONTINUATION OF REPORT

Driver Name	HAIRUL Hidayat Bin Isa	ID No	S8229597F
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Police Report

4:12

4G

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2 of 3



SINGAPORE
POLICE FORCE



T002011097031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

2 of 3
Report No: T002011097031

CONTINUATION OF REPORT

Driver			
Name	HAIRUL HIDAYAT BIN ISA	ID No	58229587F
Related Vehicle	SCU3339H (Car)	Contact No.	91384753
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/11/2020	Date	08/11/2020
No. of Days granted Medical Leave	03	Degree of	Sight

Brief Details

I was driving vehicle sb4747s on the right hand lane. Vehicle scu3339h which was on the left lane filter to my lane which caused a collision and damage to my front left side of my car. I had honk from a distance however the vehicle scu3339h still filter to my lane. There was a cyclist on his left.



SINGAPORE
POLICE FORCE



T002011097031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408855
Tel No: 65470000

3 of 3
Report No: T002011097031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

OPEN IN...

Police Report

4:13

4G

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**SINGAPORE
POLICE FORCE**



T202011087031

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408065
Tel No: 65470000

3 of 3
Report No: T202011087031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPiB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
09/11/2020 15:58

Classification Of Case:

OPEN IN...



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

