

# 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 Submission	22/01/2021 20:32 (SGT)
Date of Accident	22/01/2021 13:52 (SGT)
Exact Location of Accident	Rochor Rd, Singapore
Additional Location Information	OFF RAMP ROCHOR ROAD
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD7013R
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MASAGOS ZULKIFLI BIN MASAGOS MOHAMAD
NRIC No	SXXXX483A
Email Address	MASAGOS06@GMAIL.COM
Mobile Phone No	(Phone) +65-97883445
Alternative Phone No	+65-97883445

### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A6
Variant	-
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
Vehicle Category	Private car

### INSURANCE COMPANY

Name of Insurance Company	AIG
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100284233-09
Cover Note Number	-

### DRIVER

Name of Driver	MASAGOS ZULKIFLI BIN MASAGOS MOHAMAD
NRIC No	SXXXX483A
Date Of Birth	16/04/1963
Occupation	Indoor

Date Of Driving Pass ..... 01/08/1995  
 Driving experience ..... 25 YEARS AND 5 MONTHS  
 Gender ..... Male  
 Mobile Number ..... (Phone) +65-97883445  
 Alt. Phone Number ..... +65-97883445  
 Email Address ..... MASAGOS06@GMAIL.COM  
 Address ..... 7A DUNBAR WALK  
 Address complement ..... -  
 Postcode ..... 459280  
 Is the driver the policyholder? ..... Yes  
 If No, Relationship of the Driver with the Insured ..... -  
 Does Driver Own Other Vehicles? ..... No  
 Vehicle Registration Number of Other Vehicle Owned by Driver ..... -  
 Insurance Company of Other Vehicle Owned by Driver ..... -

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 the accident? ..... No  
 Number of vehicles involved in the accident ..... 2  
 Was anybody injured in the Accident? ..... No  
 Was any injured conveyed to hospital by ambulance? ..... -  
 Was any other material or property damaged? ..... Yes  
 Number of Passengers (Including Driver) ..... 2  
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... No

PASSENGER 1

Name ..... ABDUL RASHID BIN MOHD  
 Gender ..... Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

CIRCUMSTANCES OF ACCIDENT

ON THE ABOVE DATE, TIME AND LOCATION. MY VEHICLE WAS STATIONARY WAITING AT THE TRAFFIC LIGHT. SUDDENLY I FELT AN IMPACT HIT ONTO MY VEHICLE REAR PORTION. VEHICLE NO SLW 5020 X DID NOT STOP AND HIT ONTO MY VEHICLE REAR PORTION. MY CAR DID NOT HIT THE CAR IN FRONT.

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 ..... SLW5020X  
 Vehicle Manufacturer ..... Mazda  
 Vehicle Model ..... 3  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car

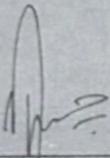
Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

Describe Circumstances of the Accident

In the above date, time and location. My vehicle was stationary waiting at the traffic light. Suddenly I felt an impact hit onto my vehicle rear portion. Vehicle No. SLW 5020 X did not stop and hit onto my vehicle rear portion. My car did not hit the car in front.

Declaration

We declare the foregoing particulars are true in every respect.



22.1.21 0250  
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel Tony Fusy

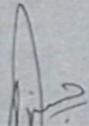
SKETCH PLAN

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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.

 22/1/21 1750

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel Tony Foong

Sketch Plan

