

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 20/04/2021 10:45 (SGT)
Date of Accident 18/04/2021 20:20 (SGT)
Exact Location of Accident Jln Sayang, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGX561M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner JAKARIA BIN SAIDAN
NRIC No S1332016J
Email Address STBAGINDO58@GMAIL.COM
Mobile Phone No (Phone) +65-90110849
Alternative Phone No +65-90110849

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1900166587
Cover Note Number -

DRIVER

Name of Driver JAKARIA BIN SAIDAN
NRIC No S1332016J

Date Of Birth	13/10/1958
Occupation	Indoor
Date Of Driving Pass	27/07/1979
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90110849
Alt. Phone Number	+65-90110849
Email Address	STBAGINDO58@GMAIL.COM
Address	BLK 338 UBI AVE 1
Address complement	#01-857
Postcode	400338
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	No Collision
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLS REFER TO THE ATTACHED 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	SKU4924S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	WILLIAM TOK
Contact Number	(Phone) +65-97436080
Address	-
Address complement	-

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

SKETCH PLAN**IMPORTANT NOTICE**

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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.

[Signature] 20/4/2021
Policyholder's Signature / Date & Time

[Signature] 20/4/2021
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature] 20/4/2021
Witnessed by Reporting Centre Personnel

Sketch Plan

A - SGX 561 M

B - SKU 4945

Describe Circumstances of the Accident

AT 18 APRIL 2021 APPROX 2020HRS, I'VE PARK MY CAR A (SGX 561M) ALONG JALAN SAKANG FOR MY NIGHT PRAYER. AT ABOUT 2115HRS, THE MOSQUE OFFICIAL MAKE AN ANNOUNCEMENT FOR OWNER OF SGX 561M TO GO OUT AND ATTEND TO A CALL FOR REMOVAL OF PARK CAR DUE TO BLOCKING OF TRAFFIC.

HOWEVER, WHEN I ARRIVED AT MY CAR, OWNER OF CAR B (SEU 4929S) APPROACH ME, STATING THAT WHEN HE IS MOVING OFF FROM HIS PARKING POSITION, WHICH IS IN FRONT OF ME, HE CLAIMED THAT, THERE IS A SCRATCH AT HIS REAR BUMPER.

EXCHANGE OF PARTICULARS WERE MADE.


I WISH TO STATED THAT WHEN I'VE PARK MY CAR AT THE ABOVE MENTION TIME & DATE, NO IMPACT NOR INCIDENT HAPPENED TO OTHER VEHICLE.

Declaration

We declare the foregoing particulars are true in every respect.

 20/4/21
Policyholder's Signature / Date & Time

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

 20/04/21
Witnessed by Reporting Centre Personnel













