

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	15/06/2021 15:41 (SGT)
Date of Accident	14/06/2021 17:25 (SGT)
Exact Location of Accident	BKE, Singapore
Additional Location Information	TOWARDS TURF CLUB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF7495J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JIMENEZ ZERXES SUARNABA
NRIC No	SXXXX056C
Email Address	C-WEISHENG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-93890314
Alternative Phone No	+65-93890314

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1497

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	1900091362-02
Cover Note Number	-

DRIVER

Name of Driver	JIMENEZ ZERXES SUARNABA
NRIC No	SXXXX056C

Date Of Birth	28/11/1968
Occupation	Indoor
Date Of Driving Pass	15/11/2001
Driving experience	19 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93890314
Alt. Phone Number	+65-93890314
Email Address	C-WEISHENG@HOTMAIL.COM
Address	BLK 476 ANG MO KIO AVE 10
Address complement	#02-802
Postcode	560476
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	Side Swipe
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POICE REPORT:L/20210614/7053

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJG5731K
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG WEI ZHONG ROYSTON
NRIC No	SXXXX424J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	JIMENEZ ZERXES SUARNABA
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SJF7495J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

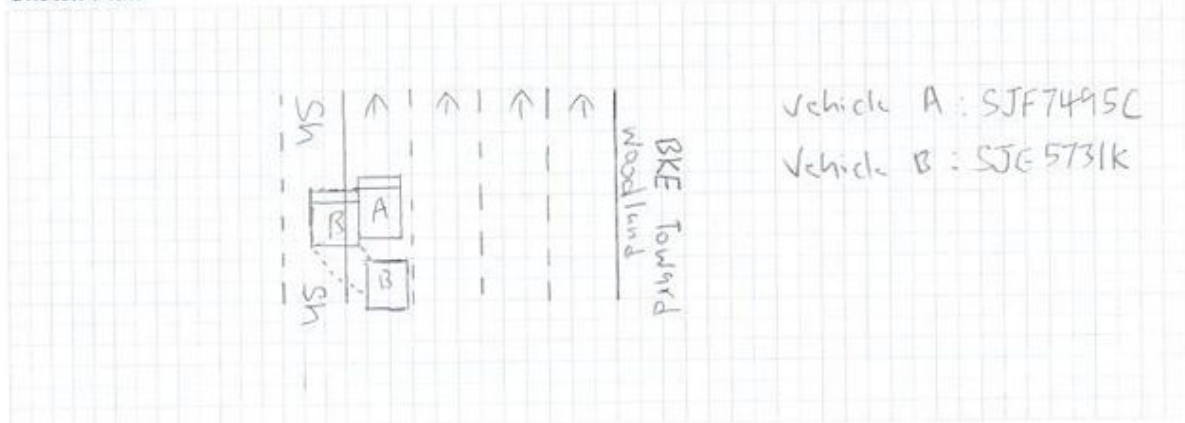
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

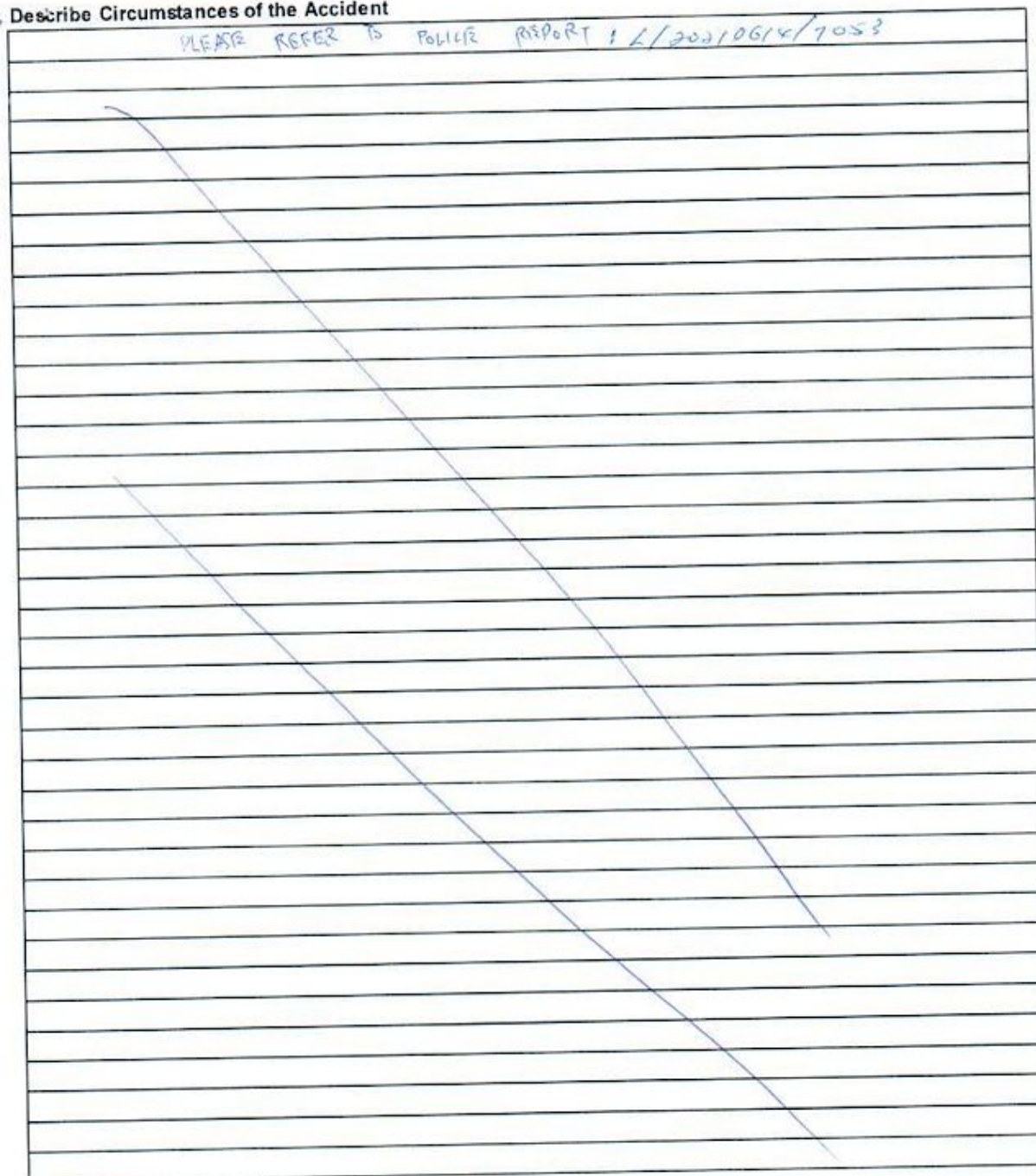
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident


PLEASE REFER TO POLICE REPORT 1 L/20210614/7053




Declaration

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

 15/06/21
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



L/20210614/7053

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Report No. L/20210614/7053

Date/Time Report Made 14/06/2021 22:22	Vide Report No.	Station Diary No.
Name Of Informant JIMENEZ ZERXES SUARNABA	Address 476 ANG MO KIO AVENUE 10 #02-802 SINGAPORE 560476	
ID Type / ID No. NRIC NO / S6864056C	Contact No. Home/Office: Mobile: 93890314	
Nationality FILIPINO	Email Address butchiejimenez@yahoo.com.sg	
Occupation Engineer	Sex Male	Age 52
Institution/School Name	Date of Birth 28/11/1968	Race Filipino
Date/Time Of Incident 14/06/2021 17:25	Location Of Incident BUKIT TIMAH EXPRESSWAY	

Brief details.

On the above mentioned date and time, I was driving my vehicle SJF7495J along the extreme left lane of BKE(SLE) when suddenly I felt a huge impact from the left of my vehicle causing my vehicle to jerk violently to my right.

I knocked my left knee against the inside of my vehicle as a result and I had to counter steer in order to keep my vehicle under control.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2021 22:22
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**SINGAPORE
POLICE FORCE**



L/20210614/7053

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210614/7053

Fortunately, I managed to stop my vehicle without colliding with any other vehicles.

I alighted to realise that SJG5731K had crashed into my vehicle's left portion.

There was a female passenger on board.

After the accident, I started experiencing soreness over my neck and back areas as well.

Hence, I proceeded to my family doctor at a Intemedical Kovan for treatment and was given 3 days MC for my injuries.

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ID Type / ID No. NRIC NO / S6864056C	Contact No. Home/Office: Mobile: 93890314	
Nationality FILIPINO	Email Address butchiejimenez@yahoo.com.sg	
Occupation Engineer	Sex Male	Age 52
Institution/School Name	Date of Birth 28/11/1968	Race Filipino
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INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL
MEDICAL CERTIFICATE
MC No: OD-KV0000114602
NAME: JIMENEZ ZERXES SUARNABA
NRIC: S6864056C

This is to certify that the above patient name is Unfit for Duty for a period of 3 day

from 14-06-2021 to 16-06-2021 inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR CHANG HUI WEN CHRISTIE

BMed/MD (Australia), GDFM (S'pore)

MCR 61301J

INTEMEDICAL KOVAN

210 HOUGANG ST 21 #01-233

SINGAPORE 530210

TEL: (65) 6243 3036 FAX: (65) 6243 3103

EMAIL: contact.kovan@intemedical.com

Christie Chang

M61301J

BMed/ MD (Aus)

GDFM (Singapore)

Signature

14/06/2021

Date