SN0921820007 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 02/08/2021 13:34 (SGT) SUBMITTED BY: Liew Shan Hui VERSION: 1 (02/08/2021 13:34 (SGT))

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 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.

- 4. The issue and acceptance of this is form by instrained 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 02/08/2021 13:34 (SGT) Date of Accident 28/07/2021 20:30 (SGT) Exact Location of Accident Bukit Batok West Ave 6, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SGR7388H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMMAD BASIR BIN BASARUDDIN NRIC No. SXXXX511C Email Address ZOOMAUTOWERKS@GMAIL.COM Mobile Phone No (Phone) +65-90023279 Alternative Phone No +65-90023279

VEHICLE PARTICULARS

Manufacturer

Model A5 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 2000

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1800018939-03 Cover Note Number

DRIVER

Name of Driver MOHAMMAD BASIR BIN BASARUDDIN NRIC No. SXXXX511C

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	11/01/1979 Indoor 16/07/2005 16 YEARS Male (Phone) +65-90023279 +65-90023279 ZOOMAUTOWERKS@GMAIL.COM BLK 708 CLEMENTI WEST ST 2 #06-313 - 120708 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Hit and run / Vandalism / Damaged whilst parked Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 0 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210731/7001	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes WITH DRIVER No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	GW1630X

Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Commercial vehicle
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)	_

2.

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2 This Formmust 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 The report will be forwarded by the insurers of the GA 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.
- 8 Consent under the Personal Data Protection Act (PDPA)

understand, acknowledge, agree and consent that

- (ii) 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

VINICU A: SGR7388H

vehicle B: GW1630X

A A

Bubit batok west ave 6

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	0.1	STREET, STREET
	Refer to POlice R # T/20210731/7	eport
	# 7/20210731/7	001 .
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I'We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date 8. Time

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

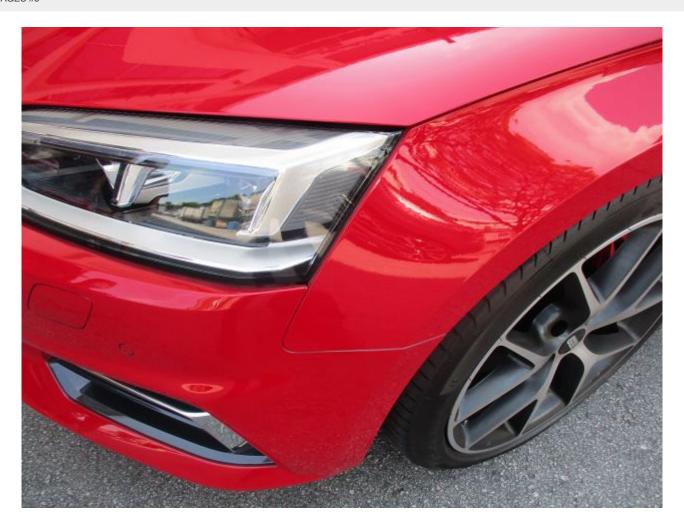
Witnessed by Reporting Centre Personnel

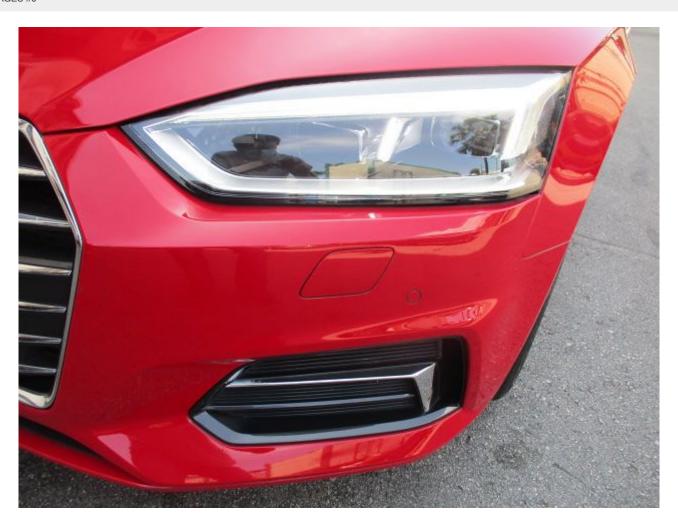


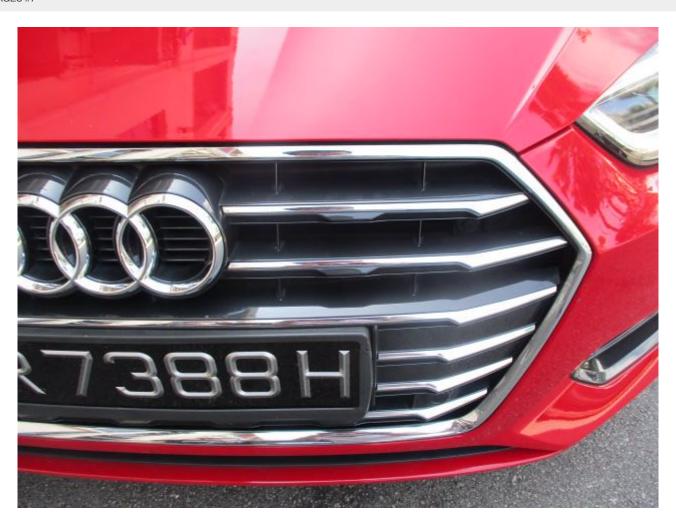


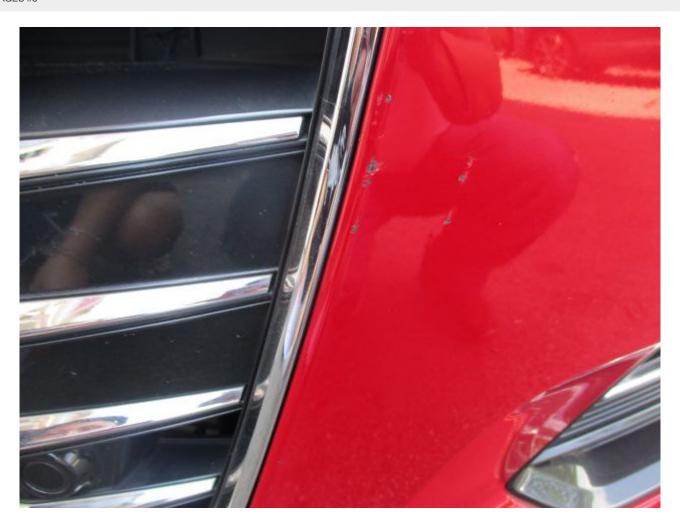












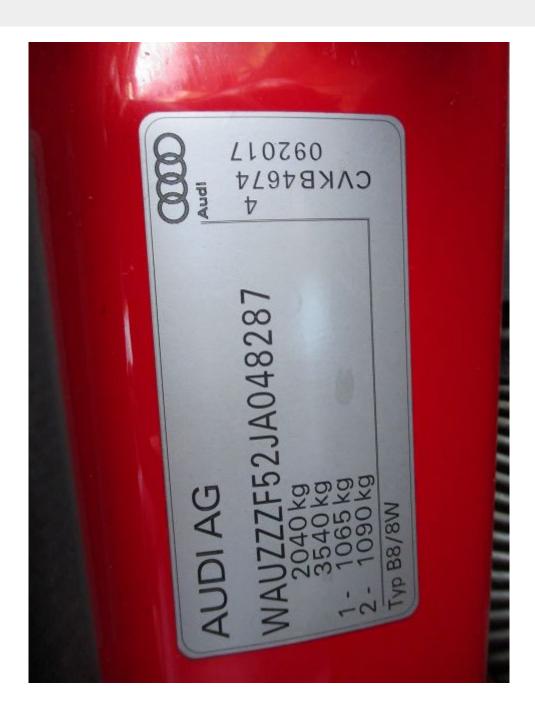


















Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20210731/7001

REPORT OF A TRAFFIC ACCIDENT

31/07/2	ate/Time Report Made: 1/07/2021 02:14		Vide Report No.:	Station Diary No.		
Informa	ant's Partic	ulars				
MOHAN	f Informant: MMAD BASI UDDIN		Address: 708 CLEMENTI WEST STRE 120708	EET 2 #06-313 SINGAPORE		
NRIC N	/ ID No.: O / S79015	11C	Contact No.: Home/Office:	Mobile: 90023279		
	Nationality: SINGAPORE CITIZEN		Email: BASIR.BASARUDDIN@GMAIL.COM			
Sex: Male	Age: 42	Date of Birth: 11/01/1979	Type of Informant: Vehicle Owner			
Race: Javanese			Language: English	Institution / School Name:		
Occupation: Transport operations manager		s manager	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:		

General Infor	mation of the Accide	nt		
Type of Accident:	Non-Injury Drink Date. Drink & Drive: Accid		Date/Time of Accident: 28/07/2021 20:30	Type of Location Car Park
Location: BUKIT BATO	K WEST AVENUE 6	Road Surface:	R	oad Speed Limit:
Traffic Flow: Traffic Control: Dual Carriage Way Not Controlled			Traffic Volume: No Traffic	
Type of Collisi Moving Vehicl	on: e Against - Parked Ve		A	nyone conveyed by mbulance:

Vehicle No.	Туре	Make	Model	Color	Conditio	No of
GW1630X	Van			White	Slightly Damaged	0
SGR7388H	Car	AUDI	A5	Red	Slightly Damaged	0



T/20210731/7001

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

2 of 3 Report No. T/20210731/7001

CONTINUATION OF REPORT

Details of V	ehicle Insurance	The same of the sa		
		Insurance No	Effective	Funda Dat
SGR7388H AIG ASIA PACIFIC INSURANCE PT	1800018939-03		Expiry Date	
	LTD.	1000010939-03	28/01/2021	28/02/2022

Details of Perso	on Involved	3				
Any Pedestrian I						
No. of Pedestria	ns Injured: NIL		Use of P	odootrio	n C	File No.
Vehicle Owner			Use of Po	euesma	n Cross	sing: NA
Name	MOHAMMAD BASI	R BIN BAS	SARUDDIN	ID No).	S7901511C
Related Vehicle	SGR7388H (Car)			Conta	act No.	90023279
Hospital/Clinic	NIL			Class Drivin Licen Expin	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f	NIL	

Brief Details.

At the above stated date and time, a white van (plate no. GW1630X) collided with my red car (plate no. SGR7388H). The at-fault driver hit-and-run, made no reasonable attempt to reach out to me and bear responsibility for the accident. The accident, along with the plate detail of the van was captured on my dashboard camera. There were visible damages to my vehicle. Videos and photos proof are available.





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

3 of 3 Report No. T/20210731/7001

CONTINUATION OF REPORT

Sketch Plan			
Informant is	not able	to provide	sketch

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: 31/07/2021 02:14
Officer In Charge Of Case: TP / TPIB / YEO KIA HUAT	Classification Of Case:
Contact No.: 65476162	

NP168