

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 15/03/2019 16:13 (SGT)
Date of Accident 07/03/2019 17:30 (SGT)
Exact Location of Accident Ang Mo Kio Avenue 8 & Ang Mo Kio Central 2, Singapore
Additional Location Information ANG MO KIO AVE 8 & ANG MO KIO CENTRAL 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR7884H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ZOOL FADLI BIN KASBOLLAH
NRIC No S7716510Z
Email Address ZOOFADLI@YAHOO.COM.SG
Mobile Phone No (Phone) +65-98428280
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Citroen
Model C4 1.2 1.2 PURETECH EAT6 (A)
Variant undefined
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car
Transmission Auto
CC 1199

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 1700038278
Cover Note Number -

DRIVER

Name of Driver ZOOL FADLI BIN KASBOLLAH
NRIC No S7716510Z

Date Of Birth	19/06/1977
Occupation	Indoor
Date Of Driving Pass	30/06/2000
Driving experience	18 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98428280
Alt. Phone Number	-
Email Address	ZOOFADLI@YAHOO.COM.SG
Address	BLK 446C JALAN KAYU #26-344
Address complement	-
Postcode	793446
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 on 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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other vehicle 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	WIRDA BTE OSMAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police Division Hq
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT COLLISION-HEAD TO SIDE

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FW672T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Motorcycle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**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. The 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 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)**

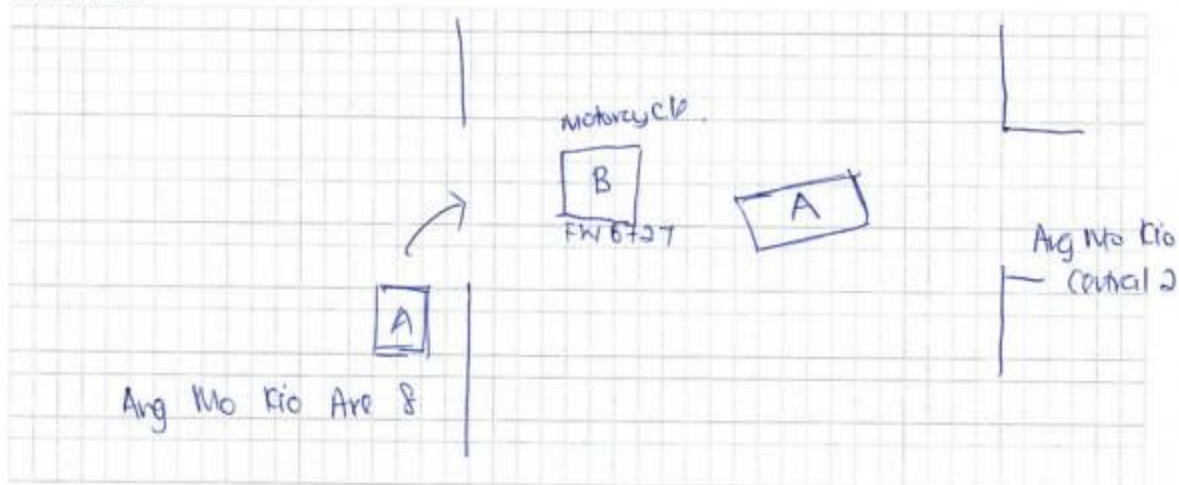
I understand, acknowledge, agree and consent that:

- (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: 15/3/2019

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 15/3/2019

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: 15/3/19



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Attached Police Report

DECLARATION

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

1-2-11

Reporting Centre Personnel's Signature
Name: Andre
NRIC/FIN No.: 15/3/19





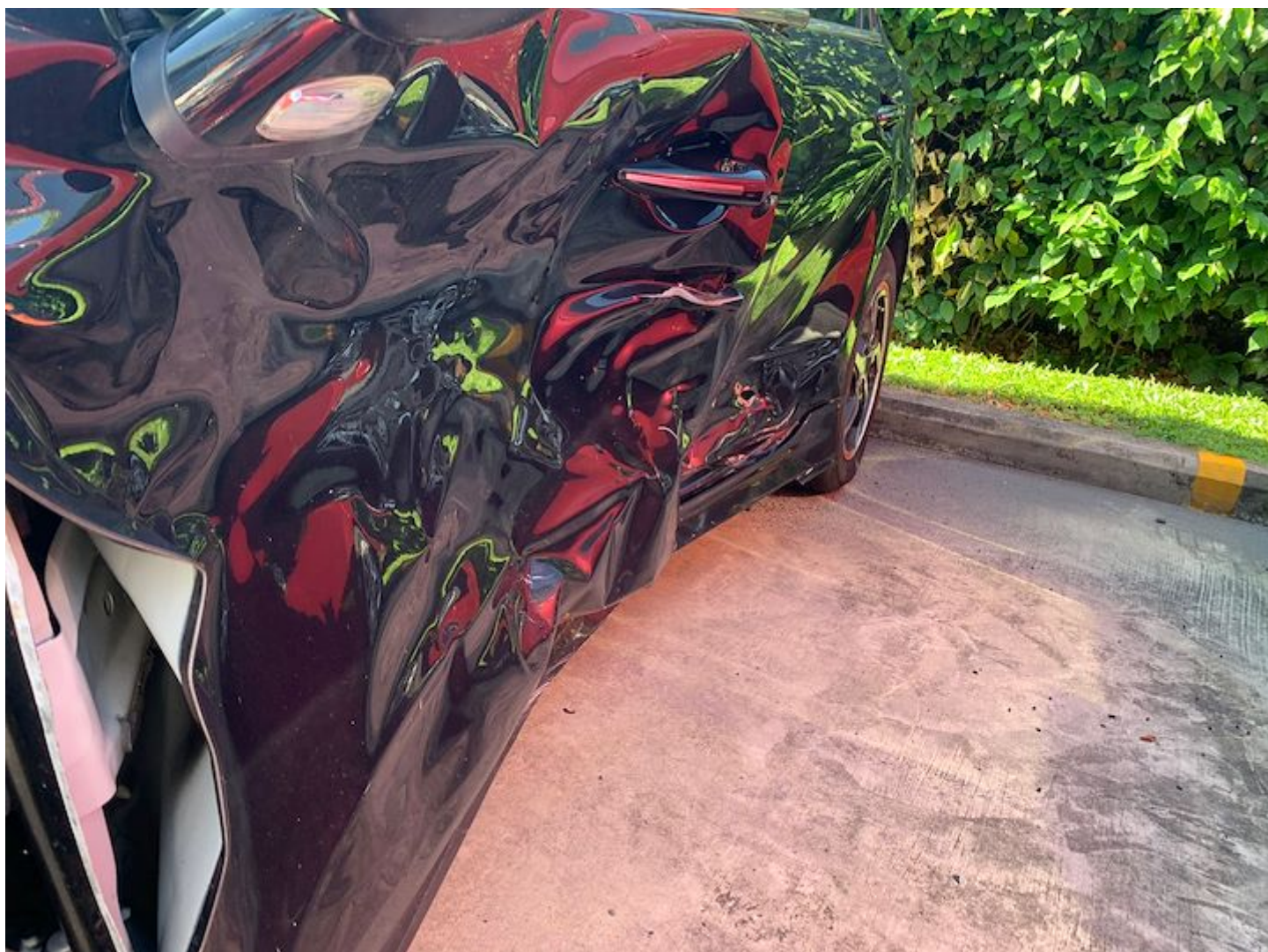


















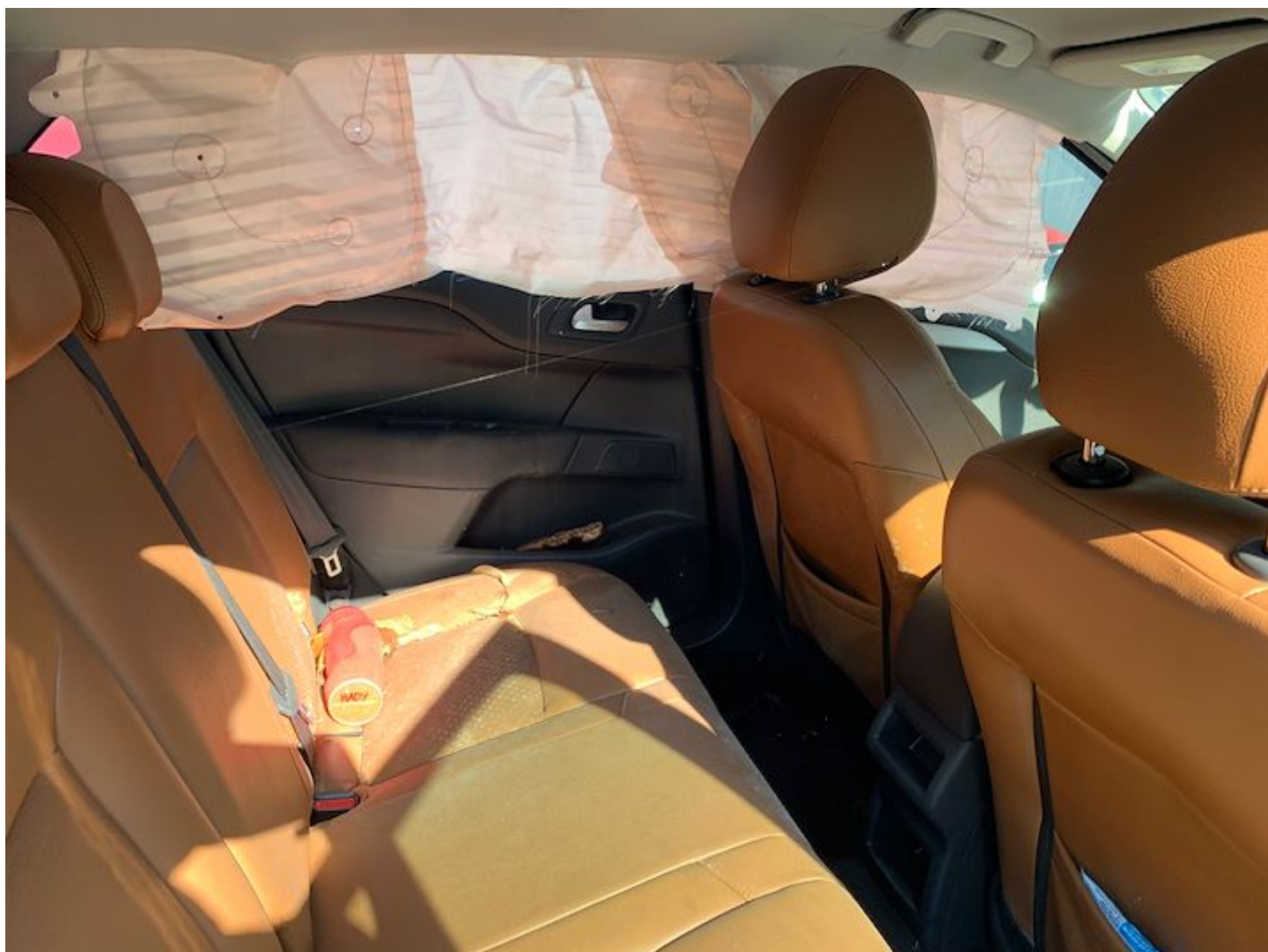






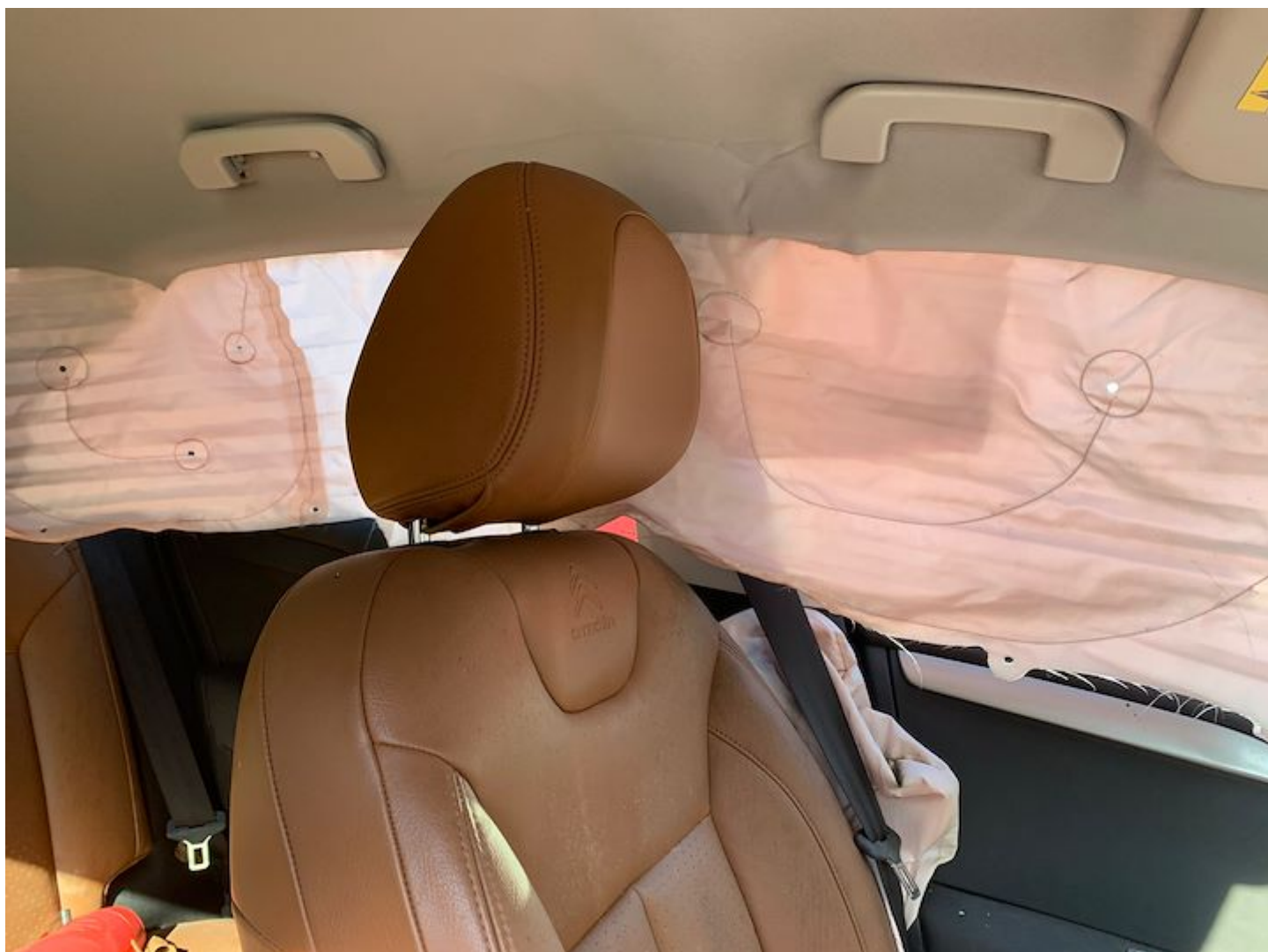














**SINGAPORE
POLICE FORCE**



T/20190307/2154

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

1 of 3

Report No. T/20190307/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2019 21:59		Vide Report No.: F/20190307/0149		Station Diary No.:	
Informant's Particulars					
Name of Informant: ZOO L FADLI BIN KASBOLLAH			Address: APT BLK 446C JALAN KAYU #26-344 FERNVALE LODGE SINGAPORE 793446		
ID Type / ID No.: NRIC NO / S7716510Z			Contact No.: Home/Office: Mobile: 98428280		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 20/06/1977	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: POLICE OFFICER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/03/2019 17:30	Type of Location:
Location: Along Road 1 ANG MO KIO AVENUE 8				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR7884H	Car	CITROEN	C4 1.2 PURETECH EAT6	Black	Seriously Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR7884H	AG ASIA PACIFIC INSURANCE PTE. LTD.	1700038278-01	29/08/2018	28/08/2019



**SINGAPORE
POLICE FORCE**



T/2019C307/2154

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

2 of 3

Report No. T/2019C307/2154

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZOOL FADLI BIN KASBOLLAH	ID No.	S7716510Z
Related Vehicle	SLR7884H (Car)	Contact No.	98428280
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	WIRDA BINTE OSMAN	ID No.	S7802257D
Related Vehicle	SLR7884H (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AS STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION ON ANG MO KIO AVE 8 ENTERING THE CARPARK AT ANG MO KIO CENTRAL 2. BEFORE TURNING RIGHT, I CHECKED ONCOMING TRAFFIC. AS THERE WAS NO ONCOMING VEHICLE, SO I PROCEED TO MAKE A RIGHT TURN. WHILE HALF TROUGH TURNING RIGHT TO ENTER THE CARPARK, SUDDENLY A MOTORCYCLE CAME AND COLLIDED ONTO THE FRONT LEFT PASSENGER DOOR PORTION OF MY VEHICLE. AFTER THE INCIDENT HAPPENED, I IMMEDIATELY CAME OUT FROM MY VEHICLE AND CHECK THE RIDER. I CALLED AMBULANCE FOR HELP.

**SINGAPORE
POLICE FORCE**

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



T/20190307/2154

3 of 3

Report No. T/20190307/2154

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Authentication Stamp
NP193

Signature Of Informant:

Date/Time:
07/03/2019 21:59

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Signature of



IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MCC 619034854 Vehicle Registration No: SLR 7884H
 Name (as shown in NRIC): 2001 Fadli Bin Kasbollah NRIC/FIN/Passport No: _____
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 107 Woodlands View (Northwave EC) #03-14 Singapore (737111)
 Contact (Tel): _____ Mobile No.: 9842 8280
 Email Address: zoofadli@yahoo.com.sg
 Date of Accident: 7/3/2019 Time of Accident: 1730 hrs
 Place of Accident: Ang Mo Kio Ave 8 & Ang Mo Kio Central 2
 Insurance Company: AIG

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

changing from : Reporting Only → Own Damage claim

Add on vehicle damage photo

Fadli

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: