

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 07/01/2022 18:54 (SGT)
Date of Accident 06/01/2022 15:00 (SGT)
Exact Location of Accident Paterson Rd, Singapore
Additional Location Information ALONG PATERSON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMD8625U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PREMIUM LEASING PTE LTD
Company Reg No 201009676M
Email Address WS.TAN@PREMIUMLEASING.COM.SG
Mobile Phone No (Phone) +65-85189509
Alternative Phone No (Office) +65-85189509

VEHICLE PARTICULARS

Manufacturer Audi
Model A3
Variant A3 SEDAN 1.0 TFSI
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 1000

INSURANCE COMPANY

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

DRIVER

Name of Driver ELSODA MARWA ABBAS ELSAID ABBAS
Passport No/FIN G3263969R

Date Of Birth	14/03/1978
Occupation	Indoor
Date Of Driving Pass	12/06/2018
Driving experience	3 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81911298
Alt. Phone Number	-
Email Address	MARWA.ELSODA@GMAIL.COM
Address	APT BLK 3 OCEAN WAY
Address complement	#06-09
Postcode	098368
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
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?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE SKETCH PLAN & POLICE REPORT NO. T/20220106/2069

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	SMN1272Y
Vehicle Manufacturer	-
Vehicle Model	-
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) -



SKETCH PLAN

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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)**
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.



Policyholder's Signature / Date & Time

[Signature]

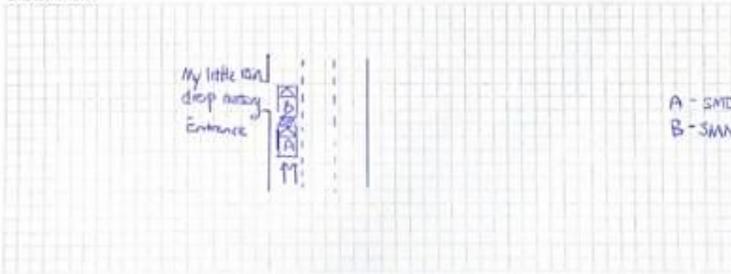
Driver's Signature (if driver is not the policyholder) / Date & Time

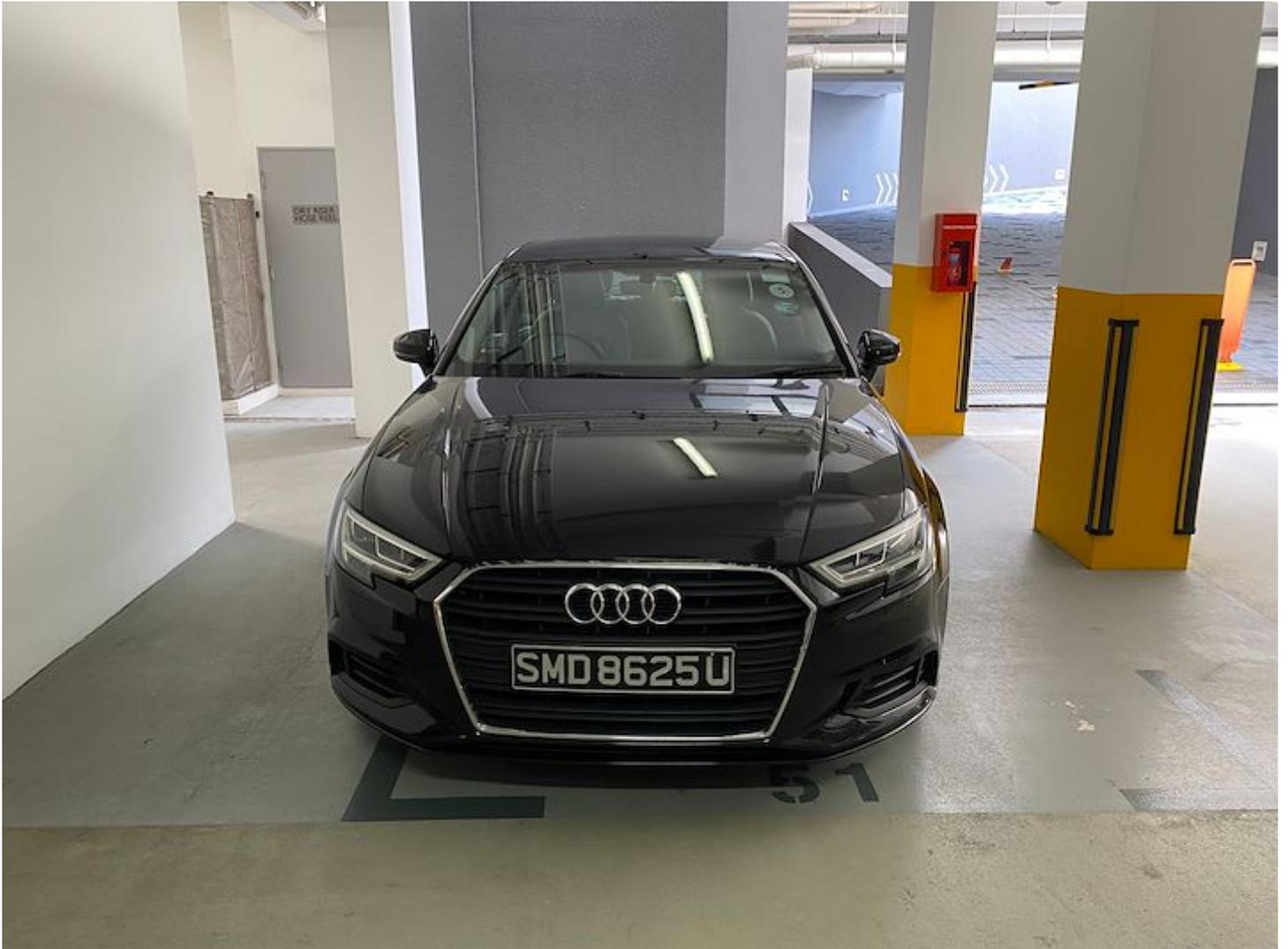
Hansa P. S. [Signature]

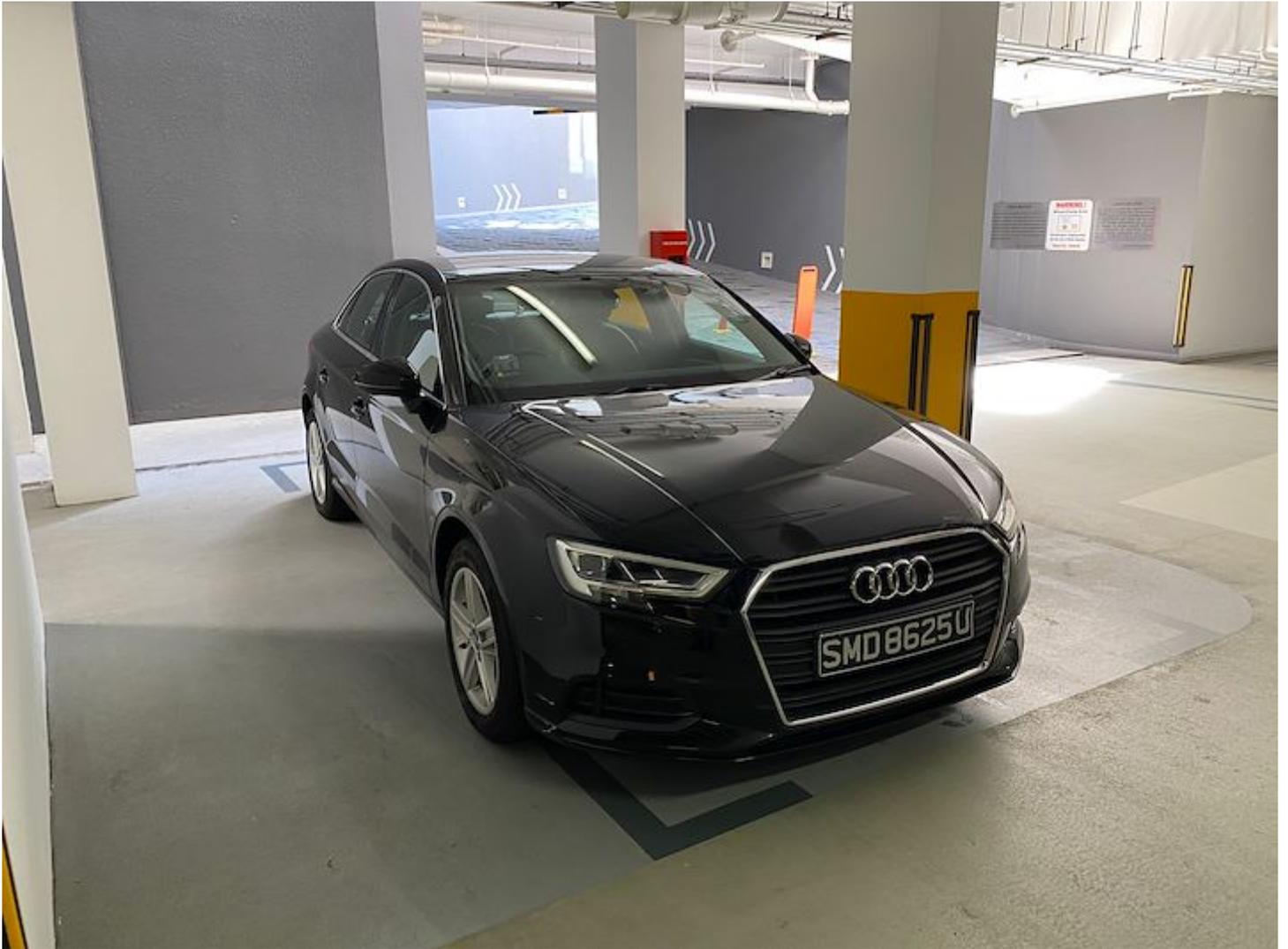


Witnessed by Reporting Centre Personnel

Sketch Plan



















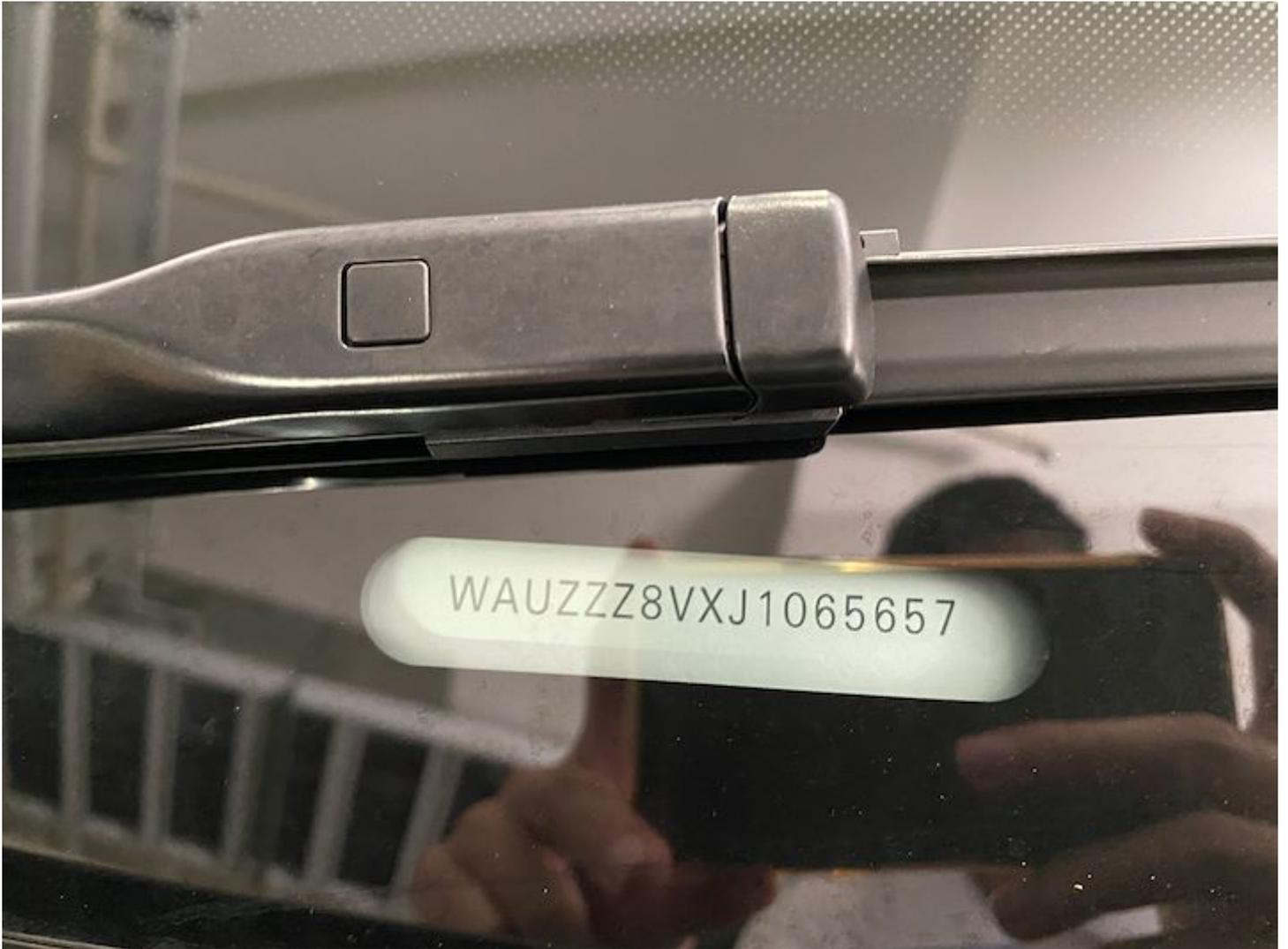




















**SINGAPORE
POLICE FORCE**



T/20220106/2069

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Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Report No. T/20220106/2069

CONTINUATION OF REPORT

Driver			
Name	ELSODA MARWA ABBAS ELSAID ABBAS	ID No.	G3263969R
Related Vehicle	SMD8625U (Car)	Contact No.	81911298
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 06/01/2022, at around 1500hrs, I was driving my vehicle bearing VRN SMD8625U along the extreme left lane along Paterson road towards Orchard road. Upon reaching the entrance of My little rain drop nursery, I spotted a vehicle bearing VRN SMN1272Y which was a distance away from me. However, I was unsure if his hazard light was on. As I drove forward and was approaching the said vehicle, I then realized that that vehicle was in stationary and I performed a jam brake immediately. However, I did not managed to stop in time and knocked onto that vehicle. We both alighted from our vehicle to make a check. Where I spotted a minor crack and dent onto the top right corner of my front vehicle plate and no damages were seen on the vehicle SMN1272Y. We both then take pictures of our vehicles. I wish to state that I am unsure if he had moved his vehicle after my vehicle bumped into his.

The driver then informed me that he would be calling for paramedics and police assistance but he also did informed that he was not injured and he just wished to get his body checked. Shortly after, the paramedic arrived and the driver was conveyed to a hospital.

I wish to state that there was a passenger in his vehicle who have witnessed the incident. However, he left prior to the paramedics and traffic police arrival. I am unable to provide his particulars as I does not have a chance to talk to him.



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T/20220106/2069

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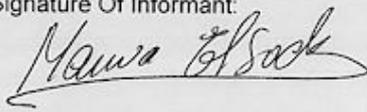
Report No. T/20220106/2069

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 E / Sgt 2 LIM ZHI YONG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/01/2022 17:26
Officer In Charge Of Case: TP / GIT / SI VILTON HIA WEE SIANG Contact No.: 65476232	Classification Of Case: SN 172
Authentication Stamp NP168	 SIGNATURE

