# **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.

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   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 07/04/2022 12:21 (SGT) Date of Accident 06/04/2022 17:27 (SGT) Exact Location of Accident Singapore Additional Location Information TPE (NEARBY EXIT 2) GOING TWDS JALAN KAYU / YISHUN Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKQ7758G

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMMAD FAIRUSHAH BIN YAHYA NRIC No. S7707587I Email Address FAIRUSHAHYAHYA@GMAIL.COM Mobile Phone No (Phone) +65-90293945 Alternative Phone No (Home) +65-91371565

### VEHICLE PARTICULARS

Manufacturer Mazda Model 3 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? Yes Vehicle Category Private car Transmission Auto CC 1496

# **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 MOHAMMAD FAIRUSHAH BIN YAHYA NRIC No. S7707587I

Date Of Birth 19/03/1977 Occupation Indoor Date Of Driving Pass 22/07/2005 Driving experience 16 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-90293945 Alt. Phone Number (Home) +65-91371565 Email Address FAIRUSHAHYAHYA@GMAIL.COM Address BLK 314D ANCHORVALE LINK #03-153 Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name NORMAYA BINTE ISMAIL Gender Female 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 REFER TO ATTACH ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLB841L

Toyota

Private car

Wish

Accident report ST0B22470001
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Vehicle Model

Vehicle Manufacturer

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver **UTHLI BIN ATAN** NRIC No S1584138I Contact Number (Phone) +65-97847852 Address Address complement Postcode Insurance Company Name NTUC Income Insurance Co-operative Ltd Nature Of Damage Details of property damaged in accident FRONT PORTION No. Of Passenger (Including Driver) 1

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKZ8542H Vehicle Manufacturer Honda Vehicle Model Vezel Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver YEO CHO HONG ALICE NRIC No S1572070J Contact Number (Phone) +65-81210015 Address Address complement Postcode Insurance Company Name NTUC Income Insurance Co-operative Ltd Nature Of Damage Details of property damaged in accident **REAR PORTION** No. Of Passenger (Including Driver)

# **INJURED PERSONS DETAILS**

#### INJURED 1

Name of injured person NORMAYA BINTE ISMAIL Gender Female Phone No (Phone) +65-91371565 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained MINOR INJURY (UPPER LIPS) Injured person in which vehicle? SKQ7758G Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? Nο

#### SKETCH PLAN

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- 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.
- 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.
- 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:
  - 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: 07 04

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Driver's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

























































