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 11/05/2022 12:46 (SGT) Date of Accident 11/05/2022 08:30 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information **TOWARDS WOODLANDS** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Private use

Vehicle Registration Number SI H9091T

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MOHAMED TAUFIK BIN ABDUL AZIZ NRIC No S7023972H Email Address taufikzz@yahoo.com.sq Mobile Phone No (Phone) +65-90233715

Alternative Phone No +65-90233715

VEHICLE PARTICULARS

Manufacturer Citroen Model Ds5 Variant

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? No - Claiming third party Vehicle Category Private car

Transmission Auto CC 1560

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive

Fleet Policy

Policy Number 2070012775-01

Cover Note Number

DRIVER

Name of Driver MOHAMED TAUFIK BIN ABDUL AZIZ

NRIC No S7023972H Date Of Birth 19/07/1970 Occupation Indoor Date Of Driving Pass 07/11/1994 Driving experience 27 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-90233715 Alt. Phone Number +65-90233715 Email Address taufikzz@yahoo.com.sg Address BLK 809 TAMPINES AVENUE 4 #03-153 Address complement Postcode 520809 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 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 **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	GBE1405J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	_

Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJE8307T 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)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person MOHAMED TAUFIK BIN ABDUL AZIZ Gender Male Phone No (Phone) +65-90233715 Address Address Complement Post Code Approximate Age Years Old Injuries Sustained **SLIGHT INJURY** Injured person in which vehicle? SLH9091T Were seat belts worn? Yes Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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 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 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' law yers/faw 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.

olicyholder's Signature / Date & īme	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel
ketch Plan	SE TOWARDS WOODLANDS	
		A: SLH 9091T
É		B:98E14057
A		C: SJE 9307T
B		

Slowly, Sundenly GBE 1405 J hit Hay	founds
	selling very
Move forward & hit SJE SSOFT. I fe	far to el discomfort ctor.
claration	
declare the foregoing particulars are true in every respect.	
yholder's Signature / Date & Driver's Signature (if driver is not the policyholder) / Date & Time With	thessed by Reporting Centre





















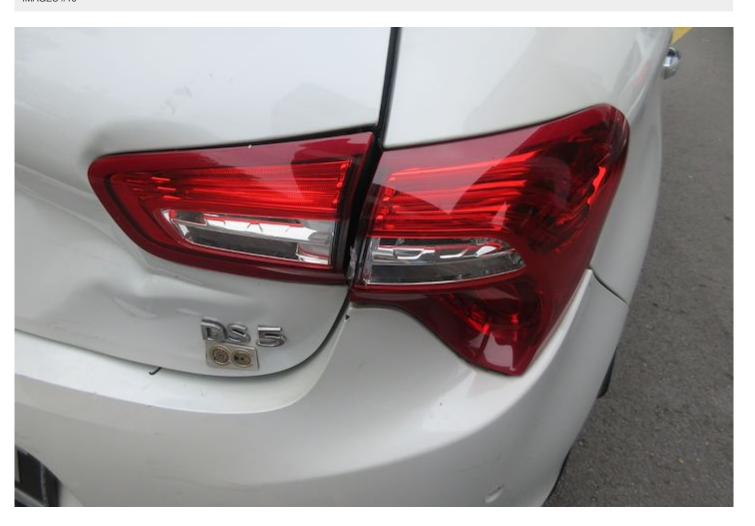
























		ADDENDUM
)	PARTICULARS OF PERSON MAKING	THE AMENDMENTS:
	Original Report No: 940822580	002 Vehicle Registration No: SLH 9091
	Name (as shown in NRIC) MOLLAMED	TRUAK BIM BBON C AZIZ/ NRIC/FIN/Passport No: SXXXX 97.
	(*Vehicle Driver/Vehicle Owner) (*)	
	Address:	Singapore (
	Contact (Tel):	Mobile No.: 90233715
	Email Address:	
	Date of Accident: 11 05 2022	Time of Accident:
	Place of Assident: SLB JAWA	ROS WOODLANDS
		700
	Insurance Company:	3
	ADDITIONAL INFORMATION / AMEN	
	I have made a report on the above-	mentioned accident and would like to include additional information
	make the following amendments:	2205/202
	policy Kumbak 201001	2775-01 VALID TILL 2205/2012
		· · · · · · · · · · · · · · · · · · ·
		13/M/m22
	Policyholder / Driver's Signature	Reporting Centre Personnel's Signature