

# 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 Actual 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 ..... 19/04/2023 17:48 (SGT)  
Reported by ..... Both Policyholder and Actual Driver  
Date of Accident ..... 18/04/2023 14:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... 37 JALAN PEMIMPIN, MAPEX BUIDING CARPARK RAMP  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF2108E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... POPULAR RENT A CAR PTE LTD  
Company Reg No ..... 199608195Z  
Email Address ..... LESLI@POPULARCAR.COM  
Mobile Phone No ..... (Phone) +65-67428888  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv350  
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 - Reporting only  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2488

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Policy Number / Cover Note Number ..... 7990000003-01 / 1220004627

### DRIVER

Name of Driver ..... DANIAL ASHRAF BIN YAZID  
NRIC No ..... S9839866Z  
Date Of Birth ..... 06/12/1998  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/11/2020
Driving experience .....	2 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83223656
Alt. Phone Number .....	-
Email Address .....	LESLI@POPULARCAR.COM
Address .....	BLK 469 ANG MO KIO AVE 10 #10-952 S560469
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### 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 ATTACHED REPORT

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKQ5454H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHIA KIM HOE JESSE
NRIC No .....	S1509081B

Contact Number ..... (Phone) +65-88709692  
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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**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

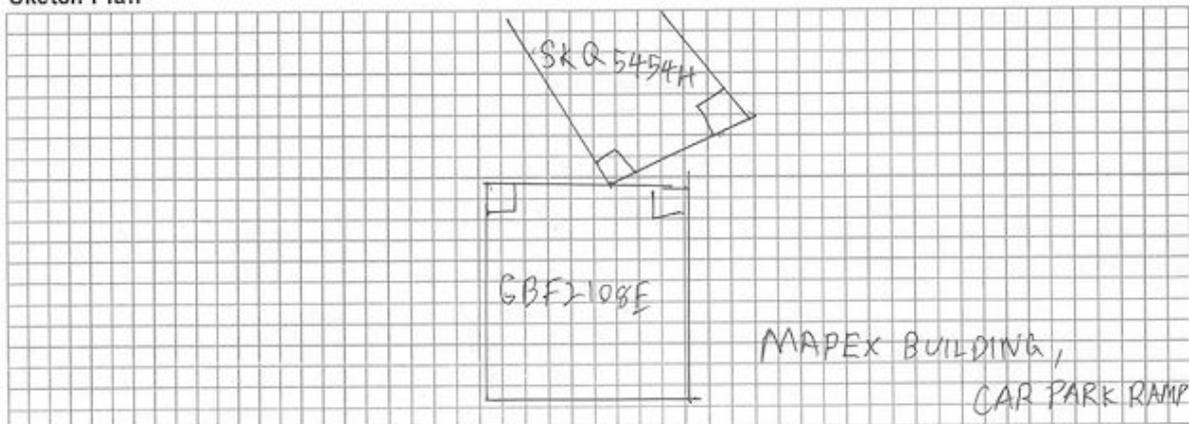
*[Signature]*

Driver's Signature (If driver is not the policyholder) / Date & Time 18/4/23 2000HR



Witnessed by Reporting Centre Personnel

**Sketch Plan**



*[Signature]*

**Describe Circumstances of the Accident**

I was going up the ramp and the third party vehicle was coming down. I drove a little bit to the opposing lane to give my van some space assuming that there was no vehicle coming down. I took my eyes off for a moment as something had fell to the floor of my van. The moment I looked up I saw the vehicle and brakes but it was too late. The third party vehicle was already stationary when my front side of the van hit his right side bumper.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

  
Driver's Signature (If driver is not the policyholder) / Date & Time 18/4/23 2000 HRS

  
Witnessed by Reporting Centre Personnel









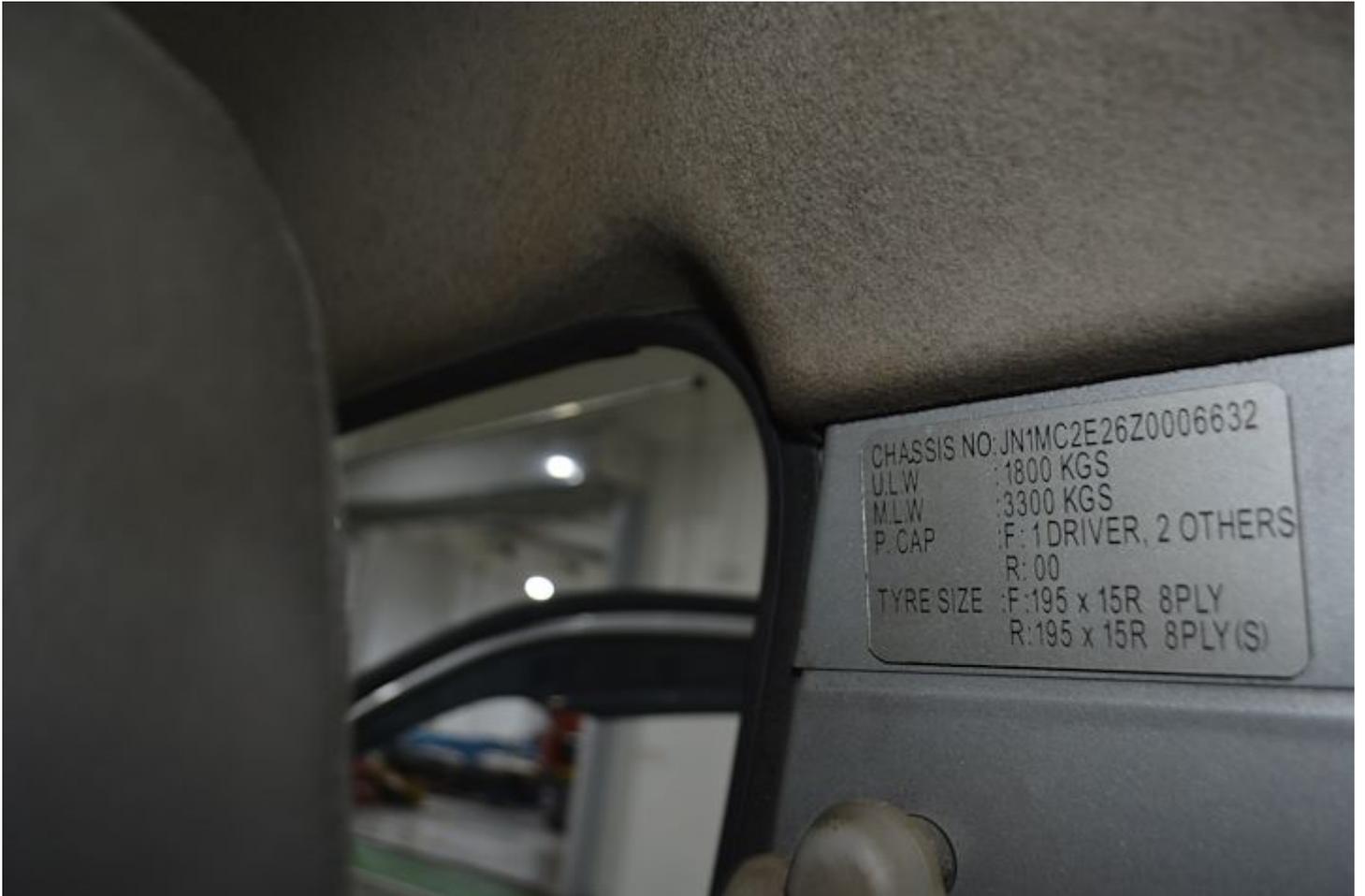












**AIG ASIA PACIFIC INSURANCE PTE LTD**

**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Daniyal Ashraf Bin Yarid  
 VEHICLE NUMBER : GBF 2108E  
 DATE/TIME OF ACCIDENT : 18/04/23 1420 HRS  
 PLACE OF ACCIDENT : MAPEX Building, 37 Tanjong Pagar  
 THIRD PARTY VEHICLE (IF ANY) : SKQ 5454H

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WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

From Sir Ming Lane to 6th Storey Mapex Building

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

GBF 2108E Right front Damaged  
SKQ 5454H Right Front Damaged

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No

Daniyal Ashraf Bin Yarid  
Name: Daniyal Ashraf Bin Yarid

I Affirmed The Above Information Is Given To My Best Knowledge.

