

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 First Submission	16/09/2024 17:27 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	14/09/2024 23:55 (SGT)
Exact Location of Accident	Anchorvale Link, Singapore
Additional Location Information	ALONG ANCHORVALE LINK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3398U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASIA CAR LEASING PTE LTD
Company Reg No	2XXXXX397C
Email Address	jasalifikamal@gmail.com
Mobile Phone No	(Phone) +65-62825766
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
Variant	MPV
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 - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	2500
Vehicle Fuel	Petrol
First Registration Date	29/03/2016
Chassis no	JTNGF3DH908004365
Effective Date/Time of Ownership	29/03/2016 00:01 (SGT)

INSURANCE COMPANY

Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Policy Number / Cover Note Number	1210001240-02

DRIVER

Name of Driver	JASALLIFFI ADZAHAR S/O MUSTAFA KAMAL
NRIC No	SXXXX381B
Date Of Birth	14/06/1991
Occupation	Outdoor
Driving Pass Date	29/12/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87425291
Alt. Phone Number	-
Email Address	jasalifikamal@gmail.com
Address	NA
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	-

PASSENGER 1

Name	MANSOOR
Gender	Male

PASSENGER 2

Name	AISHA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED STATEMENT

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 SLH7421M
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 JASALLIFFI ADZAHAR S/O MUSTAFA KAMAL
Gender Male
Phone No (Phone) +65-87425291
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained 3 DAYS MC
Injured person in which vehicle? SLD3398U
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No


Describe Circumstance of the Accident

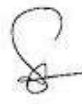
On the stated date and time, my vehicle SLD3398U was stationary on lane 2 as traffic light was red. Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I then realised vehicle SLH7421M hit onto the rear portion of my vehicle SLD3398U.

Declaration

I/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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/D card)

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 the lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature]

[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20240916/7099

1 of 3

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

Report No. T/20240916/7099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/09/2024 17:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JASALLIFFI ADZAHAR S/O MUSTAFA KAMAL			Address: 35 CHAI CHEE AVENUE #06-274 SINGAPORE 461035		
ID Type / ID No.: NRIC NO / S9120381B			Contact No.: Home/Office: Mobile: 87425291		
Nationality: SINGAPORE CITIZEN			Email: jasalifikamal@gmail.com		
Sex: Male	Age:	Date of Birth: 14/06/1991	Type of Informant: Driver		
Race: Indian			Language: English		
Occupation: Private hirer			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/09/2024 11:55	Type of Location:
Location: ANCHORVALE LINK				
Weather:		Road Surface:		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLD3398U	Motor car				Seriously Damaged	2
SLH7421M	Motor car					0

Data of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240916/7099

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

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Report No. T/20240916/7099

CONTINUATION OF REPORT

Driver			
Name	JASALLIFFI ADZAHAR S/O MUSTAFA KAMAL	ID No.	S9120381B
Related Vehicle	SLD3398U (Motor car)	Contact No.	87425291
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 (MC)	03	Degree of Injury	Serious

Brief Details.

On the stated date and time, I was driving my vehicle SLD3398U along Anchorvale Link with my parents on board. We were all wearing our seatbelts.

I was stationary waiting for traffic light to turn green. Suddenly, a massive impact slammed into the rear of my vehicle, causing my vehicle to surge forward greatly. We were all caught completely off guard by the huge impact which caused our body to lurch forward, only to be restrained by the seatbelt. The impact was huge which caused my left knee to knock against the dashboard. We were all shocked by what happened.

Upon alighting, I realised vehicle SLH7421M had collided into my vehicle rear portion, leaving it badly dented.

The following day, I decided to seek medical treatment at Healthway medical (Bedok) near my place.

I was given 3 days MC.

This morning, I woke up feeling aches on my neck and lower back area.

I will be seeking follow up treatment if the pain persists.



**SINGAPORE
POLICE FORCE**

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



T/20240916/7099

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Report No. T/20240916/7099

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
FAHKRUL RAZI BIN SUHAIME
Contact No.: 65476404

NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
16/09/2024 17:00

Classification Of Case: