

## 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 ability.
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 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 Report	17/07/2017 16:03
Date Of Accident	16/07/2017 09:00
Exact Location Of Accident	WEST COAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY8243Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	R & N SERVICES
Co Reg No	5337705J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90290731

### Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080489519
Cover Note Number	

### Driver

Name of Driver	MOHAMED RAFFEE BIN SALLEH
NRIC No	S1675181B
Date Of Birth	02/08/1964
Occupation	INDOOR
Date Of Driving Pass	08/10/1984
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90290731
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 502A WOODLANDS DRIVE 14 #05-24
Postcode	731502
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the insured	OTHER - BOSS
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20170716/2111.

#### 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	SLN7912G
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	RICKY LIM
NRIC/Passport Number	
Contact Number	87426870
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	

SKETCH PLAN

IMPORTANT NOTICE

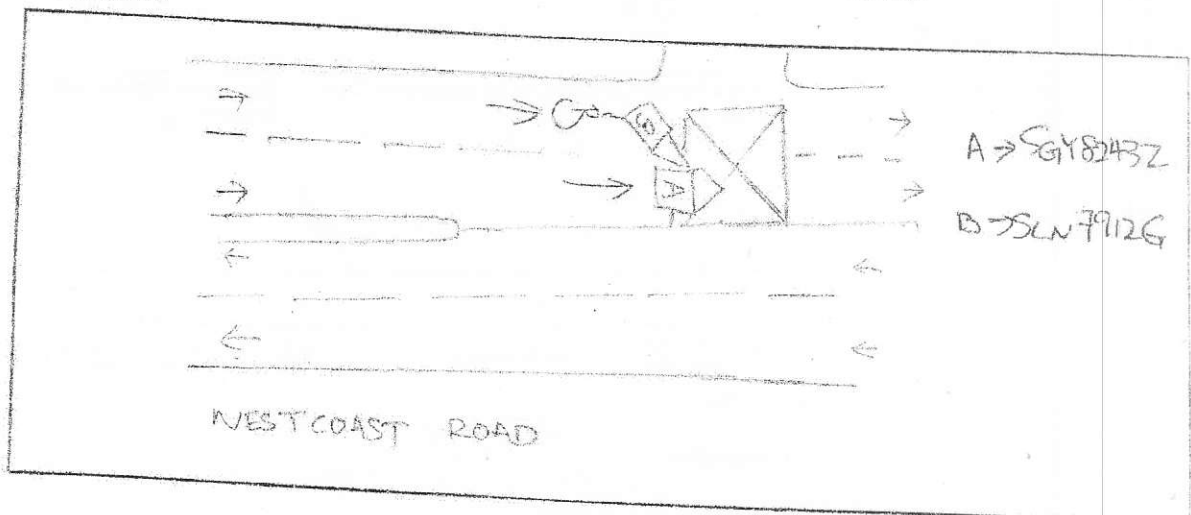
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER POLICE REPORT T/20170716/211

### Declaration

We declare the foregoing particulars are true in every respect.



Services



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

Witnessed by Reporting Centre  
Personnel:

Insurance Co. NTUC

Vehicle NO. 301X 8243Z Date Of Accident 06, 07, 2017

☐ Reporting Only

☐ Own Damage Claim

☒ Third Party Claim YI HENSON



# SINGAPORE POLICE FORCE



T/20170716/2111

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

1 of 3

Report No. T/20170716/2111

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/07/2017 22:43		Vide Report No.:		Station Diary No.: 82	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMED RAFFEE BIN SALLEH		Address: APT BLK 502A WOODLANDS DRIVE 14 #05-24 SINGAPORE 731502			
ID Type / ID No.: NRIC NO / S1675181B		Contact No.: Home/Office: Mobile: 90290731			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 52	Date of Birth: 02/08/1964	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: DESPATCH RIDER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/07/2017 09:00	Type of Location: Straight Road
Location: Along Road 1 WEST COAST ROAD  OPPOSITE VARSITY PARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGY8243Z	Car					0
SLN7912G	Car					0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
POLICE FORCE**



T/20170716/2111

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9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

2 of 3

Report No. T/20170716/2111

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	MOHAMED RAFFEE BIN SALLEH	ID No.	S1675181B
Related Vehicle	SGY8243Z (Car)	Contact No.	90290731
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/07/2017	Date Discharge	16/07/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	RICKY	ID No.	NIL
Related Vehicle	SLN7912G (Car)	Contact No.	87426870
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	NIL	Degree of Injury	NIL

**Brief Details.**

On 16/07/2017 at about 0900hrs, I was travelling on the first lane of two along West Coast Road opposite Varsity park, when I suddenly felt a large impact from the left portion of my vehicle, I realized that a vehicle bearing registration plate no. SLN7912G had collided onto my vehicle from the left. I felt aching on my left knee and my back/neck area, I then alighted from my vehicle and the said vehicle driver also alighted from his vehicle. At that moment we did not call for police nor ambulance and exchange mobile phone and agreed to settle the issue through insurance and we both left the scene. My vehicle left front portion was damaged and no longer able to drive, hence I engaged towing truck to towed back to workshop. Subsequently, I started to feel pain on my back of my neck and left knee, hence I proceeded to KTPH to seek medical treatment and was given three days of MC. There was also a witness namely Eric (Hp:96888060) whom had witnessed the whole accident and also his vehicle had a in-car CCTV which captured the accident and he then sent me a copy of the footage.



**SINGAPORE  
POLICE FORCE**



T/20170716/2111

Police Station Of Origin:  
Woodlands West N.P.C.  
9 Marsiling Lane SINGAPORE 739146  
Tel No: 1800-363 9999

3 of 3

Report No. T/20170716/2111

**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:

J /

Staff Sgt LIN WUHUA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/07/2017 22:43

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

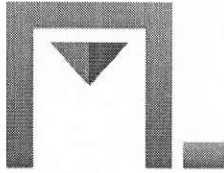
Authentication Stamp  
NP168



Signature :

**Singapore Police Force**

SN 127



**MARCUS PHUAH & Co.**  
ADVOCATES & SOLICITORS

**DATE:** 18 July 2017

**TO:** AIG ASIA PACIFIC INSURANCE PTE. LTD  
Attn: Motor Claims  
AIG Building  
78 Shenton Way #09-16  
Singapore 079120  
ATTN: MOTOR CLAIMS

**VIA:** EMAIL & FAX: 6835 7416

**YOUR REFERENCE:** SLN 7912 G

**OUR REFERENCE:** KNSM.MP.SGY8243Z. 20170716

Dear Sir / Madam

**DATE OF ACCIDENT: 16 JULY 2017**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS  
PURSUANT TO PARAGRAPH 2.2 OF PRE-ACTION PROTOCOL FOR NIMA CASES**

We refer to your email dated 18.07.2017 informing that you wish to conduct a pre-repair survey and your List of Surveyors.

Our client confirms the appointment of Marcus Chua, LKK Auto Consultants Pte Ltd as the Single Joint Expert for this matter. Please be informed that the said vehicle can be inspected at:

**Venue:** YI HENG MOTOR WORKSHOP, Blk 1, Kaki Bukit Ave 6.  
#02-19, AUTOBAY BUILDING, S (417883)

**Contact Person:** TEL: 6509 0052 (MR. LOUIS GAN)

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you.

Yours faithfully,

**MARCUS PHUAH & CO.**

**MARCUS PHUAH & CO.**

Copy to: clients (via email)

**FOR SURVEYOR**

Please initial here after completion of pre-repair inspection. Thank you.

Appointed surveyor  
(Name & Signature)

Date & Time of Inspection

**潘国良律师事务所**

Address: Income@Raffles Building, 16 Collyer Quay Level 20 Suite 27, Singapore 049318

Tel: (65) 6818 9111 | Skype: marcus\_phuah

Reg. No.: 53211241E

Email: marcus@legasia.net | Website: <http://www.legalasia.net>

Service of court documents by fax is not accepted