

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	17/11/2017 10:28
Date Of Accident	15/11/2017 19:15
Exact Location Of Accident	HOWARD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG7157G
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	ASMAR INDRA BIN ANWAR
NRIC No	S1165431B
Date Of Birth	09/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	07/01/2008
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

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) 2

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO OVER-WRITTEN

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK1094X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan

SKETCH PLAN

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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.

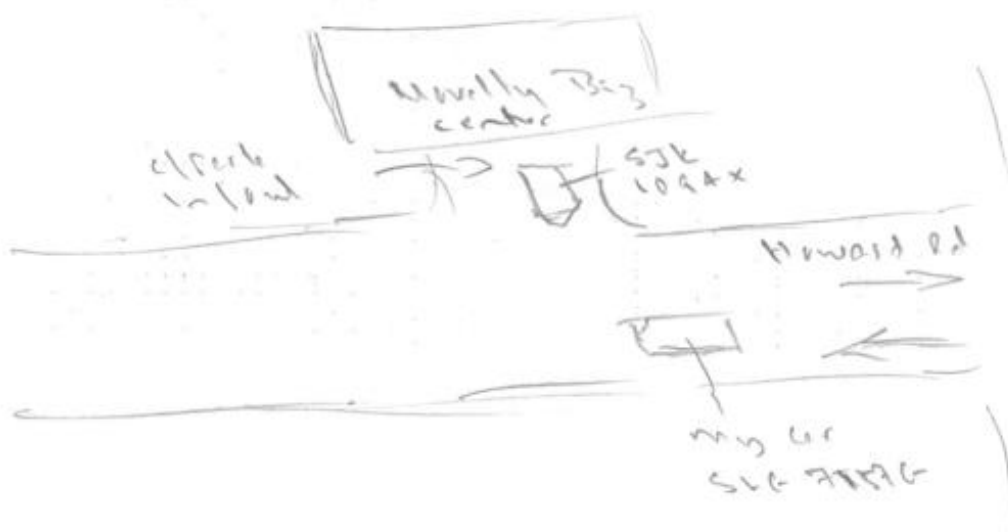


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Sketch Plan #2

Describe Circumstances of the Accident

On 15/11/17 @ 7.15 pm, while sending my sister to "Biller" @ Howard Road and driving @ 50 kmh, with my rented car SSG 7157G Honda Shuttle with a female passenger near Novelty Big Centre, there was a vehicle, SSK 10AAX come out from the building carpark and immediately turn left.

The driver had made a wide turn and hit onto the right side of my vehicle. After which, both of us stop and exchange our particulars. The driver female Chinese came out and informed that she was rushing and with claim from insurance. My front right side was damaged. I made a check on my passenger and she did not suffer any injury.

There after I called up my vehicle rental company and they then came and towed away the vehicle. After which, my daughter came and pick me up and I left the scene.

There was no police and ambulance involve.

Declaration

We declare the foregoing particulars are true in every respect.

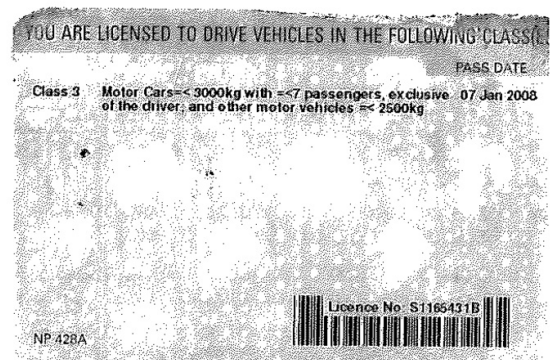
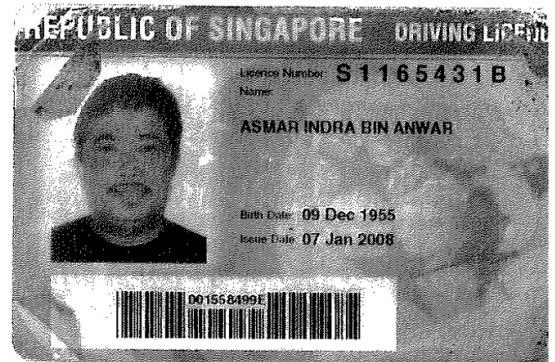
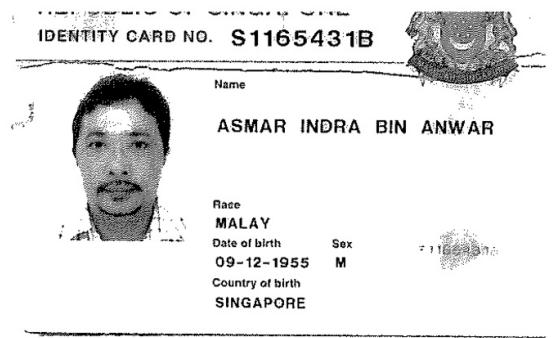
 

Policyholder's Signature / Date & Time

 16/11/17

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

Witnessed by Reporting Centre Personnel



Accident Sketch Plan



SINGAPORE
POLICE FORCE



T/2017/1116/2002

3 of 3

Report No. T/2017/1116/2002

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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:

F /
Staff Sgt MOHAMED ISAMUDIN BIN
MOHAMED YUNOS

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/11/2017 00:24

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Classification Of Case:

SN 055

Authentication Stamp
NP168

Signature:
Singapore Police Force

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20171116/2002

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3
Report No: T/20171116/2002

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/11/2017 00:24	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: ASMAR INDRA BIN ANWAR			Address: [REDACTED]		
ID Type / ID No.: NRIC NO / S1165431B			Contact No.: Home/Office: Mobile: [REDACTED]		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 09/12/1955	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: OPERATIONS SECURITY			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2017 19:15	Type of Location: Straight Road
Location: Along Road 1 HOWARD ROAD				
In front of Novelty BizCentre				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No


Details of Vehicle Involved


Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJK1094X	Car	TOYOTA	Rush	Black		0
SLG7157G	Car	HONDA	Shuttle	Grey	Slightly Damaged	1

Details of Person Involved

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

Accident Sketch Plan


T/20171116/2002
2 of 3
Report No. T/20171116/2002


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No. 1800-8529999

CONTINUATION OF REPORT

Driver Name	TENG MUI NOI	ID No.	S7532250Z
Related Vehicle	SJK1094X (Car)	Contact No.	[REDACTED]
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

Driver Name	ASMAR INDRA BIN ANWAR	ID No.	S1165431B
Related Vehicle	SLG7157G (Car)	Contact No.	[REDACTED]
Hospital/Clinic	ROYAL CARE MEDICAL YISHUN JUNCTION 9	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	15/11/2017	Date Discharge	15/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 15/11/2017 at about 7.15pm, I was driving my part time job, as a Uber driver on my rental vehicle, SLG7157G, Honda Shuttle together with a female passenger along Howard Road. Near to Novelty Centre, there was a vehicle, SJK1094X came out from the building carpark and immediately turn left. The driver had make a wide turn and hit onto the right side of my vehicle. After which, both of us stop and change our particulars. The driver a female Chinese came out and informed that she was rushing and claim our insurance. My front right side was damage. I made a check on my passenger and she did not suffer any injury.

After I called up my vehicle rental company and they then came and towed away the vehicle. After which, my daughter came and pick me up and I went to Royal Care Medical Yishun Junction 9 as I felt pain on the back of my neck and my hand. I was given 5 days of MC.

In lodging this report for insurance claims. There was no ambulance or police officers came to the scene.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



ADDENDUM SHEET

LCRF

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MU2A117152278 Vehicle Registration No : SLG 715 FG
Name(as shown in NRIC): Asmar Indira Bin Anwar
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : _____
Address : _____
Contact (Tel) : _____ (H/P) : _____
(Email) : _____
Date of Accident : 15/11/2017 Time of Accident : 19.15 Hrs
Place of Accident : Howard Road
Insurance Company : AIIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Update Police Report



ONE