

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	07/12/2017 16:31
Date Of Accident	06/12/2017 16:00
Exact Location Of Accident	WEST COAST HIGHWAY (NEAR LAMPOST 58)TOWARDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB5813Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ISMAIL BIN ABDULLAH
NRIC No	S1681374E
Email Address	ISMAIL10864@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94524395
Alternative Phone No	OTHERS-94524395
Vehicle Particulars	
Manufacturer	AUDI
Model	A4
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100262106-06000
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD ISMAIL BIN ABDULLAH
NRIC No	S1681374E
Date Of Birth	10/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	27/10/1987
Driving Experience	30 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94524395
Fax Number	
Contact Number	OTHERS-94524395
EEmail Address	ISMAIL10864@GMAIL.COM

Address	25 ELIAS ROAD #03-10
Postcode	519931
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171207/7004 (TYPE OF COLLISION IS HEAD TO SIDE)

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	XD4826C
Vehicle Make/Model/Colour	CEMENT TRUCK
Details Of Properties	
Name of Driver	MR GENG ZHICHAO
NRIC/Passport Number	G5435868M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ISMAIL BIN ABDULLAH
------	------------------------------

Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKB5813Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

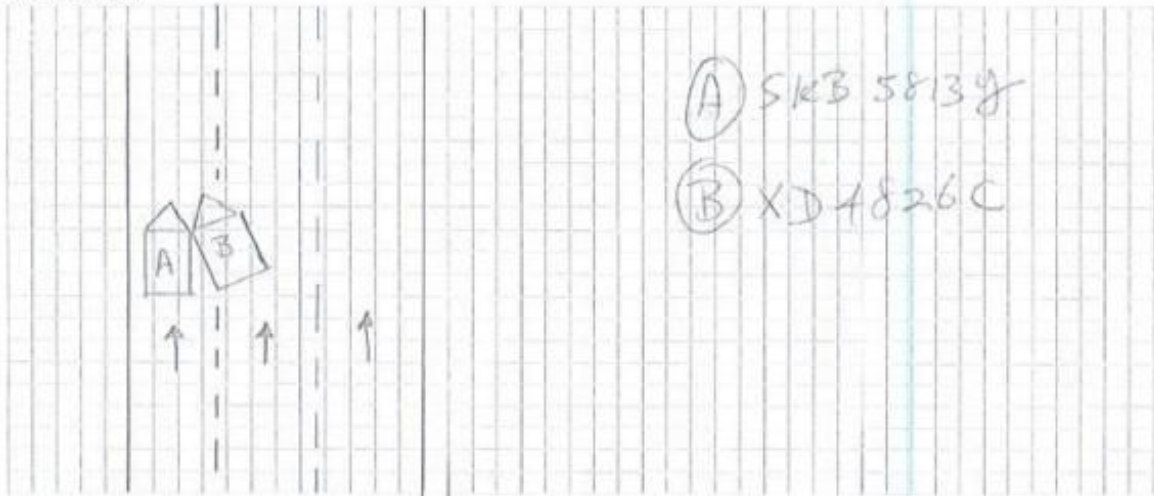

Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING STRAIGHT ALONG WEST COAST HIGHWAY TOWARDS CITY WHEN SUDDENLY VEHICLE B CUT INTO MY LANE AND COLLIDED INTO MY VEHICLE.


I WISH TO STATE MY BACK IS HURTING AND I WISH TO SEE A DOCTOR.

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:

7/06/2017

Reporting Centre Personnel's Signature
Name: Rodney Watson

NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171207/7004

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

1 of 3

Report No. T/20171207/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/12/2017 12:54		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ISMAIL BIN ABDULLAH			Address: 25 ELIAS ROAD #03-10 SINGAPORE 519931		
ID Type / ID No.: NRIC NO / S1681374E			Contact No.: Home/Office: Mobile: 94524395		
Nationality: SINGAPORE CITIZEN			Email: echemao@hptmail.com		
Sex: Male	Age: 53	Date of Birth: 10/08/1984	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Ship agent			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: 06/12/2017 16:10	Type of Location: Straight Road
Location: west coast highway West Coast Highway before Lamp post 58 Lamp Post Number: 58				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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:
SKB5813Y	Car	AUDI	A4 1.8 TFSI MU	Brown	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.:	Insurance Company:	Insurance No:	Effective:	Expiry Date:
SKB5813Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100262106	13/06/2017	12/06/2018

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171207/7004

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

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Report No. T/20171207/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver:			
Name	MUHAMMAD ISMAIL BIN ABDULLAH	ID No.	S1681374E
Related Vehicle	SKB5813Y (Car)	Contact No.	94524395
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	06/12/2017	Date Discharge	07/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

I, Muhammad Ismail Bin Abdullah, of NRIC S1681374E, was driving my car SKB5813Y along West Coast Highway towards City at the left most lane. Upon approaching the traffic junction near the Pasir Panjang Wholesale Centre, before lamp post number 58, a cement truck, XD4826C, travelling in the 2nd (centre) lane, suddenly hit my car on the driver side.

Particulars of the cement truck driver: Mr Geng Zhichao
Driving Licence No: G5435868M
Work Permit No: 0 75918917

There was no damage to public property or severe injury requiring ambulance. I had a pain in my neck and my back and after the workshop personnel towed the car to the workshop, I proceeded to to Changi General Hospital on my own.

I complained about the pain in my right, left arm, my fingers, neck, hip and my left leg. I had an ECG and X ray and was given 3 days medical leave.

The doctor prescribed the pain killer and further appointment given for physiotherapy on my neck.

I am lodging this report for insurance purpose.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20171207/7004

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

3 of 3

Report No. T/20171207/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TP1B /
ANG YI TING, STEPHANIE
Contact No.: 65476414

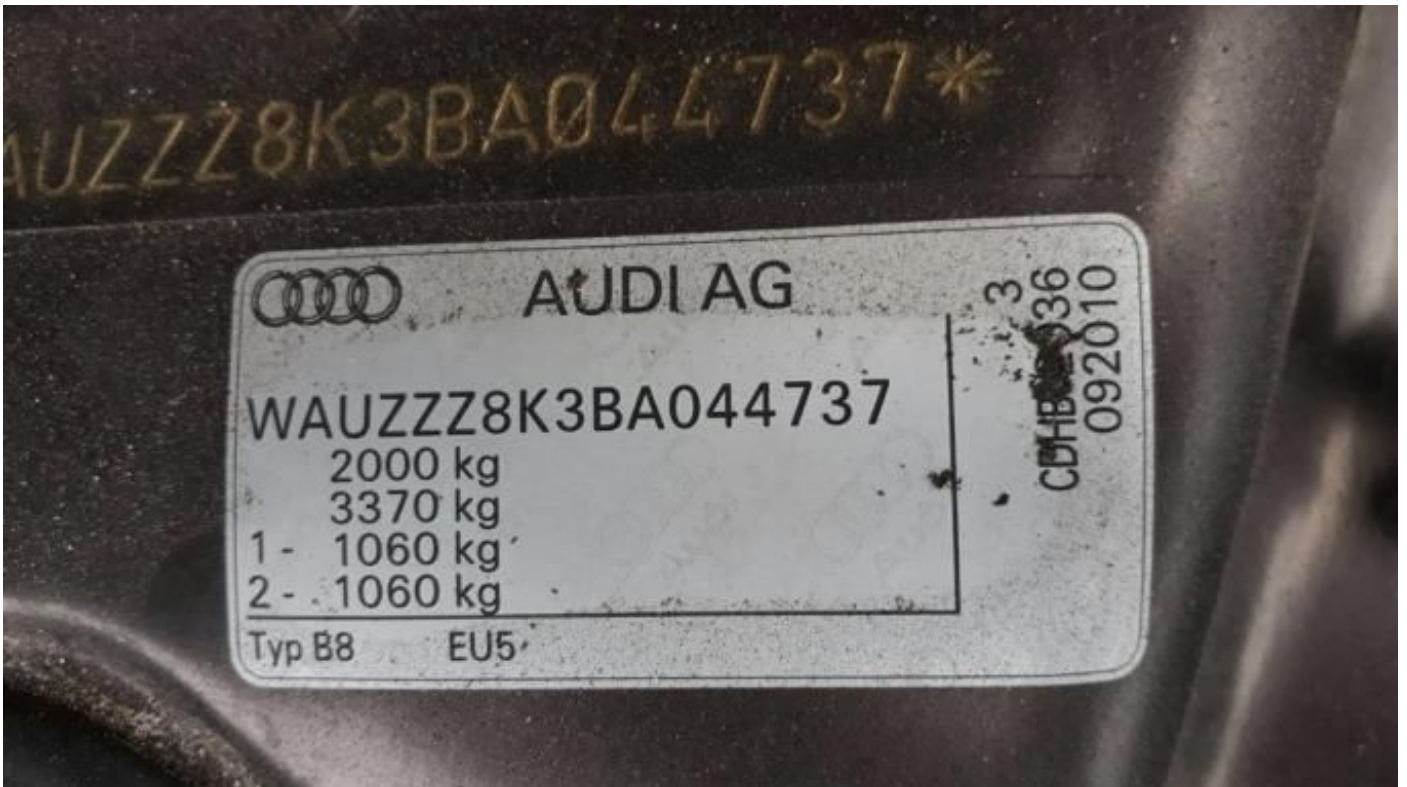
Authentication Stamp
NP168

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
07/12/2017 12:54

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

