

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	13/12/2017 17:16
Date Of Accident	11/12/2017 20:40
Exact Location Of Accident	WOODLANDS RD (TOWARD CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE8936D
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66944919

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995170
Cover Note Number	

Driver

Name of Driver	ZULKIFLI BIN IBRAHIM
NRIC No	S7123666H
Date Of Birth	26/06/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1996
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	OFFICE-31584255
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLIDED INTO MOTORCYCLIST

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) 4

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address **ROAD:** 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY:** SINGAPORE

Police Station Contact **TEL NO:** 1800-2449999 - **FAX NO:** 62447258

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO PHOTOS AND POLICE REPORT. THANK YOU. WITNESS FROM CAR PLATE SLE8936D: ROSDI 90064138

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 FS6694L

Vehicle Make/Model/Colour

Details Of Properties VEH B

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

DETAILS OF INJURED PERSON 1

Name	KEEFE
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FS6694L
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Location:
Woodlands Rd
(Toward City)

Car A
SLE8936D

Car B
FS 6694L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report:
T/2017/211/2201

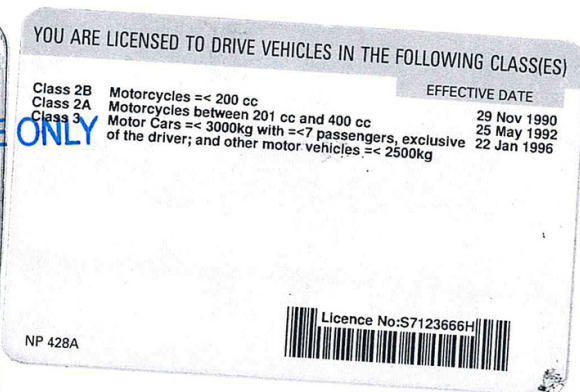
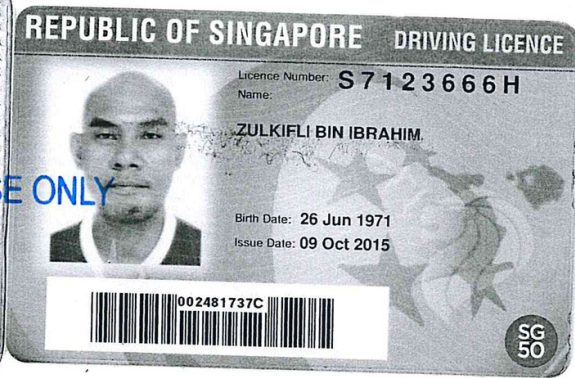
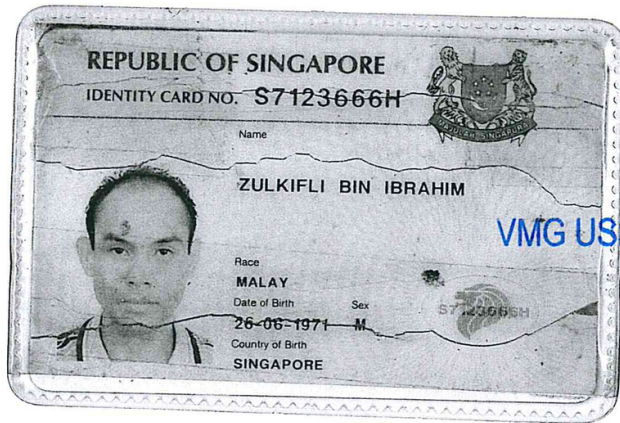
I/We declare the foregoing particulars are true in every respect.

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/FIN No.:



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171211/2201

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20171211/2201

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2017 22:51		Vide Report No.: J/20171211/0165		Station Diary No.: 134
Informant's Particulars				
Name of Informant: ZULKIFLI BIN IBRAHIM		Address: APT BLK 408 BUKIT BATOK WEST AVENUE 4 #03-120 SINGAPORE 650408		
ID Type / ID No.: NRIC NO / S7123666H		Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 46	Date of Birth: 26/06/1971	Type of Informant: Driver	
Race: Malay		Language: English	Institution / School Name:	
Occupation: UBER DRIVER		Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/12/2017 20:40	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS ROAD SENJA WAY Junction of Woodlands Road and Senja Way				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS6694L	Motorcycle				Seriously Damaged	0
SLE8936D	Car				Seriously Damaged	3

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



**SINGAPORE
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T/20171211/2201

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Report No. T/20171211/2201

CONTINUATION OF REPORT

Rider			
Name	KEEFE	ID No.	NIL
Related Vehicle	FS6694L (Motorcycle)	Contact No.	
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	Slight
Driver			
Name	ZULKIFLI BIN IBRAHIM	ID No.	S7123666H
Related Vehicle	SLE8936D (Car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 11/12/2017 at about 2040hrs, I was driving my vehicle SLE8936D along Woodlands Road, direction towards Bukit Panjang Road. I had 3 passengers on board. It was raining heavily and the floor was wet. At the cross junction of Woodlands Road and Senja Way, the traffic light signal was green in my favour, so I continued straight. Suddenly, a motorcycle FS6694L from the oncoming traffic collided head-on with the front portion of my vehicle. The rider was thrown off his vehicle. I immediately stopped my vehicle and went to attend to the rider. The rider was still conscious, and there were some bruises on his arm. He also mentioned that he felt some pain in his leg. The rider told me that he was making a right turn into Senja Way, and did not see my vehicle. My 3 passengers and I were all not visibly injured. We immediately called for the ambulance.

Shortly after, the ambulance arrived and the paramedics attended to the rider. He was conveyed by the ambulance. The traffic police also arrived and interviewed me, and asked me lodge a traffic accident report J/20171211/0165. I have already handed over the memory card of my in-car camera to the traffic police. A driver that was travelling beside me saw the accident and is willing to testify as witness if needed. His name is Rosdi, contact no.



**SINGAPORE
POLICE FORCE**



T/20171211/2201

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Report No. T/20171211/2201

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:

G /
Sgt 2 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/12/2017 22:51

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp
NP168

SN 10.



Singapore Police Force

Y 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

