

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	03/01/2018 17:45
Date Of Accident	02/01/2018 17:40
Exact Location Of Accident	CTE TWDS SLE BEFORE BRADDELL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP7905S
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHMAN BIN MOHAMED ARIFIN
NRIC No	S7121596B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81333700
Alternative Phone No	OTHERS-81333700

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	1700016950
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN BIN MOHAMED ARIFIN
NRIC No	S7121596B
Date Of Birth	03/07/1971
Occupation	INDOOR
Date Of Driving Pass	24/12/2010
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81333700
Fax Number	
Contact Number	OTHERS-81333700
Email Address	NOEMAIL

Address	BLK 404 YISHUN AVE 6 #03-1230
Postcode	760404
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180103/2014

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJH8743B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ABDUL RAHMAN BIN MOHAMED ARIFIN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	SLP7905S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

SKETCH PLAN

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7. By the lodgment 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.
- (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:

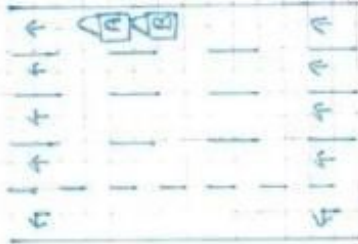
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN

CTE Toward SLE Before Braddell Exit



A - SLP 79055

B - SJH 8743B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180103/2014

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:

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

3/1/2018

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180103/2014

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

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Report No. T/20180103/2014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAY WEILIANG SHAWN	ID No.	S8505013C
Related Vehicle	SJH8743B (Car)	Contact No.	96376452
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	ABDUL RAHMAN BIN MOHAMED ARIFIN	ID No.	S7121596B
Related Vehicle	SLP7905S (Car)	Contact No.	81333700
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	03/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Serious

Brief Details.

On 02/01/2018 at about 1743hrs, I was driving my personal car bearing plate number SLP7905S (Red Mitsubishi Attrage) without any passenger on board travelling along CTE towards SLE just before Braddell Road exit. Whilst travelling at the said road on the extreme right lane (1st lane), the traffic was heavy and in slow moving. There is a car in front of me and had complete stopped. I had applied the brake and had keep the safety distance from the front car. A few second later, I felt a great impact from the rear (SJH8743B - White Nissan Latio) until I lost conscious for a short moment. I was not sure how long I had lost conscious during the accident happened. The driver who hit me from the rear came to my driver side and knock on to my window to wake me up. I gain conscious shortly after and managed to exchange our particulars. Later that day, I walk-in to Khoo Teck Puat Hospital to check on my injuries. I was given 7 days of outpatient sick leave. I wish to state that I had buckle up a seat belt before the accident happened. There is CCTV installed camera at the front and back of my car.

	Signature: _____
	Singapore Police Force

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180103/2014

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

1 of 3

Report No: T/20180103/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2018 02:38	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN MOHAMED ARIFIN	Address: APT BLK 404 YISHUN AVENUE 6 #03-1230 SINGAPORE 760404
ID Type / ID No.: NRIC NO / S7121596B	Contact No.: Home/Office: Mobile: 81333700
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 46 Date of Birth: 03/07/1971	Type of Informant: Driver
Race: Malay	Language: English Institution / School Name:
Occupation: ICA Officer	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2018 17:40	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY CTE towards SLE just before Braddell Road exit				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH8743B	Car	NISSAN	LATIO	White		0
SLP7905S	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLP7905S	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1700016950	19/06/2017	18/06/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180103/2014

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

2 of 3

Report No. T/20180103/2014

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Any Pedestrian Involved: No			
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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	ABDUL RAHMAN BIN MOHAMED ARIFIN	ID No.	S7121596B
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	Singapore Police Force

Police Report



**SINGAPORE
POLICE FORCE**



T/20180103/2014

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

3 of 3

Report No. T/20180103/2014

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 FARHAN BIN HUSIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/01/2018 02:38

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

Classification Of Case:

Authentication Stamp
NP166

Signature:

Singapore Police Force