

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 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	19/02/2018 16:14
Date Of Accident	16/02/2018 15:50
Exact Location Of Accident	BLK 672 EDGEFIELD PLAINS MSCP LEVEL 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7614Y
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	201602573M
Email Address	MICHAEL@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-91687532
Alternative Phone No	OFFICE-91687532

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	PARKING CAR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	3100027691

Driver

Name of Driver	MOHAMED RASHID BIN MOHAMED AYUB
NRIC No	S8207755C
Date Of Birth	03/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91687532
Fax Number	
Contact Number	OTHERS-91687532
Email Address	MICHAEL@CARCOVE.COM.SG

Address	BLK 671 EDGEFIELD PLAIN #07-515
Postcode	821671
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180218/2023 (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	GBA9396U
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	AZMAN BIN AZIZ
NRIC/Passport Number	S8705339C
Contact Number	92358530
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name	MOHAMED RASHID BIN MOHAMED AYUB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLM7614Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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:

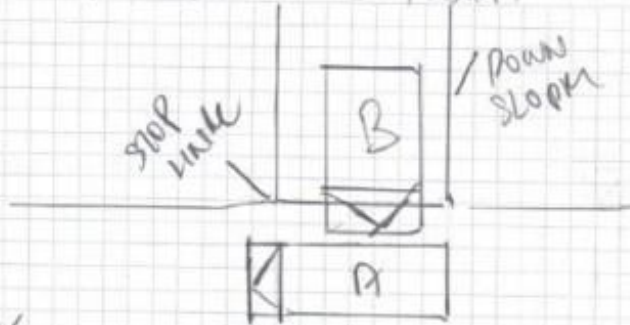

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

BLK 672 EDGEFIELD PLAZA MSCP LEVEL 2



A) SLM7614Y

B) GBA 9396A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/20/2028/2023

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.:

SHRAC Form 01/Jan/2018, 02

Accident Sketch Plan


~~AZMAN~~

~~100~~
~~100~~

I, Azman Bin Aziz (S8705339C), was going down
the slope by driving lorry (GBA9396U), and accidentally
hit the ~~back~~ ^{side} of a car (SLM76147).

I informed him to claim against my insurance. We both,
Azman Bin Aziz & Md Rashid (S8207755C), agreed and
will make the necessary to our insurance company.


RASHID
S8207755C


19/07/2018
Rashid Wafar


Azman
S8705339C

Accident Sketch Plan



Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

ORIGINAL

KHANE181294350

NAME : MOHAMED RASHID BIN MOHD AYUB
NRIC : S8207755C

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

The above named attended Examination/Treatment from 16 Feb 2018 21:42 to 16 Feb 2018 22:18

The above named is unfit for duty for a period of 3 day(s), from 16 Feb 2018 to 18 Feb 2018 inclusive.

The Certificate is not valid for absence from court attendance.

Remarks :

16 Feb 2018 Dr Elangovan, Preetha (17469F)
Date Issuing Doctor

A&E
Location

[Signature]
Doctor's Signature

Reg No. : 200717564H

Tear Along Here



Khoo Teck Puat Hospital
90 Yishun Central
Singapore 768828
Tel: (65) 6555 8000
Fax: (65) 6602 3700
Website: www.ktph.com.sg

MEDICAL CERTIFICATE

DUPLICATE

KHANE181294350

NAME : MOHAMED RASHID BIN MOHD AYUB
NRIC : S8207755C

Type of Medical Leave granted : OUTPATIENT SICK LEAVE

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Remarks :

16 Feb 2018 Dr Elangovan, Preetha (17469F)
Date Issuing Doctor

A&E
Location

[Signature]
Doctor's Signature

Reg No. : 200717564H

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180218/2023

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20180218/2023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 10:16		Vide Report No.:		Station Diary No.: 24	
Informant's Particulars					
Name of Informant: MOHAMED RASHID BIN MOHAMED AYUB			Address: APT BLK 671A EDGEFIELD PLAINS #07-515 SINGAPORE 821671		
ID Type / ID No.: NRIC NO / S8207755C			Contact No.: Home/Office: Mobile: 91687532		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 03/03/1982	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: OPERATION AND MAINTENANCE			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 16/02/2018 15:50	Type of Location: Car Park
Location: EDGEFIELD PLAINS Blk 672 Edgefield Plains MSCP, Level 2				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One 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
GBA9396U	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T	Silver		1
SLM7614Y	Car	HONDA	SHUTTLE 1.5G A	Silver		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180218/2023

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20180218/2023

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMED RASHID BIN MOHAMED AYUB	ID No.	S8207755C
Related Vehicle	SLM7614Y (Car)	Contact No.	91687532
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/02/2018	Date Discharge	16/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Name			
Name	Azman Bin Aziz	ID No.	S8705539C
Related Vehicle	NIL	Contact No.	92358530
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 the 16/02/2018 at about 1550hrs, I was driving my vehicle(SLM7614Y) in the MSCP at Blk 672 Edgefield Plains Level 2 and while I was going straight towards the next slope to proceed up, a lorry(GBA9396U) came down from the slope and did not stop at the stop line and collided into the right side of my vehicle near the rear wheel. As such, I alighted my vehicle and checked my vehicle and exchanged particulars. The driver of the lorry admitted that he failed to stop which caused him to hit my car. Subsequently, I felt pain in my neck and back area and I proceeded to Khoo Teck Puat Hospital and was given 3 days of medical leave.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180218/2023

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20180218/2023

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 / Sgt 2 CLARENCE TAN JIAN WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2018 10:16
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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