

## 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	21/02/2018 16:31
Date Of Accident	20/02/2018 20:10
Exact Location Of Accident	JUNCTION OF HILL ST & STAMFORD RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM8700A
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### Insured/Policyholder

Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	UBER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	999995087
Cover Note Number	

### Driver

Name of Driver	ASMAH BTE SALLEH
NRIC No	S1694423H
Date Of Birth	14/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/04/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88212626
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	6 MARSILING LANE
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	NO
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)	3
Passenger 1	Name: : UNKNOWN Gender: : Male
Passenger 2	Name: : UNKNOWN Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	SHC5320H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NORDAN BIN WARSO
NRIC/Passport Number	S1820908Z
Contact Number	84201241
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



# Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20180221/2005

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3

Report No. T/20180221/2005

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 00:33	Vide Report No.:	Station Diary No.: 8
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Informant's Particulars			
Name of Informant: ASMAH BTE SALLEH		Address:	
ID Type / ID No.: NRIC NO / S1694423H		Contact No.: Home/Office:                      Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 52	Date of Birth: 14/07/1965	Type of Informant: Driver
Race: Javanese		Language:	Institution / School Name:
Occupation: Administration manager		Driving Licence Information: Class:                      Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/02/2018 20:10	Type of Location: X-Junction
Location: Along Road 1 HILL STREET				
Traffic Light Junction of Hill St and Stamford Road, heading towards Victoria St				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
SHC5320H	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red		0
SLM8700A	Car	KIA	FORTE K3 1.6A	Brown		0

## Sketch Plan #2



**SINGAPORE  
POLICE FORCE**



T/20180221/2005

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20180221/2005

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	NORDAN BIN WARSO	ID No.	S1620908Z
Related Vehicle	SHC5320H (Car)	Contact No.	84201241
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
<b>Driver</b>			
Name	ASMAH BTE SALLEH	ID No.	S1694423H
Related Vehicle	SLM8700A (Car)	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	NIL

**Brief Details.**

On the 20/02/2018 at around 2010hrs, I was in my car (SLM8700A). I was at Hill St heading towards Victoria St. I was driving on the 3rd lane of the road. I was approaching the traffic light junction of Hill St and Stamford Road. As the traffic light turned red, I came to a stop at the junction. Subsequently, the light turned green and I proceeded to drive. A taxi driver (SHC5320H), whom was behind me on the second lane suddenly high beamed me. As he was signaling me, I proceeded to stop at the side of the road. The driver then told me that I had hit his car while I was driving when the traffic light turned green. He also claimed that he had horned to signal me however I did not hear it. The driver then told me that it will cost SGD\$2500/- to SGD\$3000/- for the damages to be repaired. However, the damage I saw on his taxi was just a minor dent on the front left side. I then told him I wont pay for the damage as I was not at fault. The driver then told me he will report the matter and subsequently left the place. My car has minor scratches on the rear right side.  
I wish to state that there is in-car camera in my car however it is only for the front.

**Sketch Plan #3**



**SINGAPORE  
POLICE FORCE**



T/20180221/2005

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180221/2005

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:  
D /  
Sgt 1 SURENDDHARAN S/O PURANA  
CHANDRAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/02/2018 00:33

Officer In Charge Of Case:  
TP / GIA /

Classification Of Case:

Staff Sgt TANG SIEW PING  
Contact No: 65476430

SN 46

Authentication Stamp  
NP168

SIGNATURE

Sketch Plan #4



## SKETCH PLAN


### IMPORTANT NOTICE

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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: 

 21/02/2018  
Driver's Signature 3.30pm  
(if driver is not the policyholder)  
Date & Time:

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



# SKETCH PLAN

A: SLM8700A  
B: SHC5320H

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/2018 0221/2005.

## 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:

2018 01/05/2018  
3:30 pm

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

GIATSWC\_Sketch PlanForm\_v08



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1694423H



ASMAH BTE SALLEH

اسمه بنت صالح

Race

JAVANESE

Date of Birth

14-07-1965

Country of Birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Driving Licence No. S1694423H

ASMAH BTE SALLEH

Issue Date: 14 Jul 1965

Valid Until: 19 Mar 2003



Land Transport Authority

VOCATIONAL LICENCE



Licence No.: S1694423H

Name: ASMAH BINTE SALLEH

Issue Date: 27/1/2006

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



NRIC No. S1694423H



Blood Group Date of issue

B+ 11-03-1995

APT BLK 50 STRATHMORE AVENUE #04-201  
SINGAPORE 140050

NRIC No: S1694423H

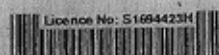
Date: 18/12/2012

No: 7203059

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 11 Apr 1995



NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	05/10/1999
02	TAXI VL	26/08/1999
04	BUS ATTENDANT	05/10/1999



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



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