

## 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	10/02/2018 14:38
Date Of Accident	09/02/2018 22:20
Exact Location Of Accident	MCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF2578M
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### 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	HIRER
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 CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995056
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD YA'KOB BIN AMEER ALI
NRIC No	S1552978D
Date Of Birth	03/04/1962
Occupation	OUTDOOR
Date Of Driving Pass	11/03/1991
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	44 BENOI RD BLOCK B
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	COLLISION - CHANGE/CROSS LANE
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO PHOTOS ATTACHED, THANK YOU.

#### 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	FBF8912Z
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
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)	

## Accident Sketch Plan

### SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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:

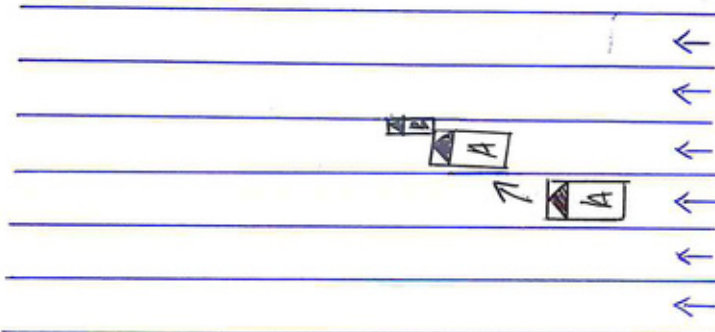
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

MCE

SKETCH PLAN

Ⓐ SLP 8578M

Ⓑ FBF 8912 Z



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report No: T/20180010/0006

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.:





**SINGAPORE  
POLICE FORCE**



T/20180210/2006

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

1 of 3

Report No. T/20180210/2006

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/02/2018 00:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD YA'KOB BIN AMEER ALI			Address: APT BLK 532 HOUGANG AVE 6 #03-295 HDB-HOUGANG SINGAPORE 530532		
ID Type / ID No.: NRIC NO / S1552978D			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 55	Date of Birth: 03/04/1962	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2018 22:10	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY MCE TOWARDS AYE , BEFORE MAXWELL EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF8912Z	Motorcycle				Slightly Damaged	0
SLF2578M	Car				Slightly Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





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2 of 3

Report No. T/20180210/2006

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	MR YEO	ID No.	NIL
Related Vehicle	FBF8912Z (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	NIL
<b>Driver</b>			
Name	MUHAMMAD YA'KOB BIN AMEER ALI	ID No.	S1552978D
Related Vehicle	SLF2578M (Car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 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 ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS RIDING ALONG THE MCE TOWARDS AYE , GOING TO DROP OFF 2 PASSENGERS AT PASIR PANJANG. I WAS RIDING ON THE 4TH LANE. I WANTED TO FILTER TO THE 3RD LANE, AS SOON AS I SWITCHED LANE, I HEARD A BANG AT THE FRONT RIGHT SIDE OF MY VEHICLE AND I HAD REALISED THAT I COLLIDED WITH A MOTORCYCLE. THE RIDER FELL INFRONT OF MY VEHICLE SO I STOPPED THEN SLOWLY MOVED MY VEHICLE TO THE ROAD SHOULDER THEN GOT OUT TO HELP THE RIDER. BROUGHT HIS MOTORCYCLE TO THE SIDE. THEN I CALLED THE AMBULANCE. LTA ARRIVED, FOLLOWED BY AMBULANCE AND EMAS. AMBULANCE CONVEYED THE RIDER. POLICE THEN ARRIVED AT THE SCENE AND ADVISED ME TO HEAD DOWN TO TPHQ TO MEET IO ZULFADZLY AND MAKE A POLICE REPORT.

THAT'S ALL.



**SINGAPORE  
POLICE FORCE**



T/20180210/2006

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

3 of 3




Report No. T/20180210/2006

**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: TP / KHALED AMR HASSAN MOHSSEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2018 00:59
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN Contact No.: 65476367	Classification Of Case:  SINGAPORE POLICE FORCE
Authentication Stamp NP168	Signature: 

**IDENTIFICATION CARD & DRIVING LICENCE**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



 Licence Number: **S1552978D**  
 Name: **MUHAMMAD YA'KOB BIN AMEER ALI**  
 Birth Date: **03 Apr 1962**  
 Issue Date: **03 Apr 2003**

000348559J

**VMG USE ONLY**

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S1552978D**


 Name: **MUHAMMAD YA'KOB BIN AMEER ALI**  
 Race: **INDIAN**  
 Date of birth: **03-04-1962**  
 Country/Place of birth: **SINGAPORE**  
 Sex: **M**

S1552978D

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

	PASS DATE
Class 2B Motorcycles not exceeding 200 cc	15 Jul 1987
Class 2A Motorcycles between 201 cc and 400 cc	15 Jul 1987
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	11 Mar 1991
Class 4 Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	08 Oct 1998

NP 426A

Licence No: S1552978D

**VMG USE ONLY**

5734236

  
 NRIC No: **S1552978D**


 Date of issue: **25-04-2017**  
 Address: **APT BLK 532 HOUGANG AVENUE 6 #03-295 SINGAPORE 530532**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

