

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	08/03/2018 19:39
Date Of Accident	06/03/2018 20:00
Exact Location Of Accident	ALG BKE TOWARDS WOODLANDS BEFORE WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP226K
Insured/Policyholder	
Name Of Registered Owner	LEGEND MOTORS & LEASING PTE. LTD
Co Reg No	200909442H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94462993

Vehicle Particulars

Manufacturer	ISUZU
Model	NPR85UH5A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1847906
Cover Note Number	

Driver

Name of Driver	MOHD SAIFUL
NRIC No	S9740257D
Date Of Birth	08/11/1997
Occupation	OUTDOOR
Date Of Driving Pass	01/03/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94462993
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 530 JURONG WEST ST 52 #09-389 SINGAPORE 640530
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 - 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	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180307/2015. ON THE ABOVE MENTIONED DATE AND TIME. I WAS DRIVING ALONG BKE ON THE 3RD LANE FROM THE LEFT. AS THE TRAFFIC WAS HEAVY, THE CARS WERE MOVING SLOWLY. THE CAR INFRONT OF ME SUDDENLY JAMMED BRAKES AND I COULD NOT REACT IN TIME. CAUSING A COLLISION BETWEEN MY CAR AND THE CAR INFRONT OF ME. AFTER THE COLLISION. I WENT APPROACHED THE DRIVE AND HIS PASSENGERS TO CHECK ON THEIR WELL-BEING. THEY ALL TOLD ME THAT THEY WERE FINE AND I TOLD THE DRIVER OF THE CAR INFRONT TO MOVE HIS CAR TO THE SIDE AS WE WERE BLOCKING THE TRAFFIC IN THE MIDDLE. THE DRIVER TOOK A PICTURE OF MY PLUS CARD AND THEN CALLED HIS COMPANY. HE INFORMED THAT HE WAS GOING TO CHECK WITH HIS COMPANY AND CALLED THE POLICE. I WAS THEN ARRESTED BY THE TRAFFIC POLICE OFFICERS.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDP9119B
Vehicle Make/Model/Colour	TOYOTA/C-HR 1.2L ST/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Sketch Plan

SKETCH PLAN

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 liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of insurance companies.
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 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.

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.

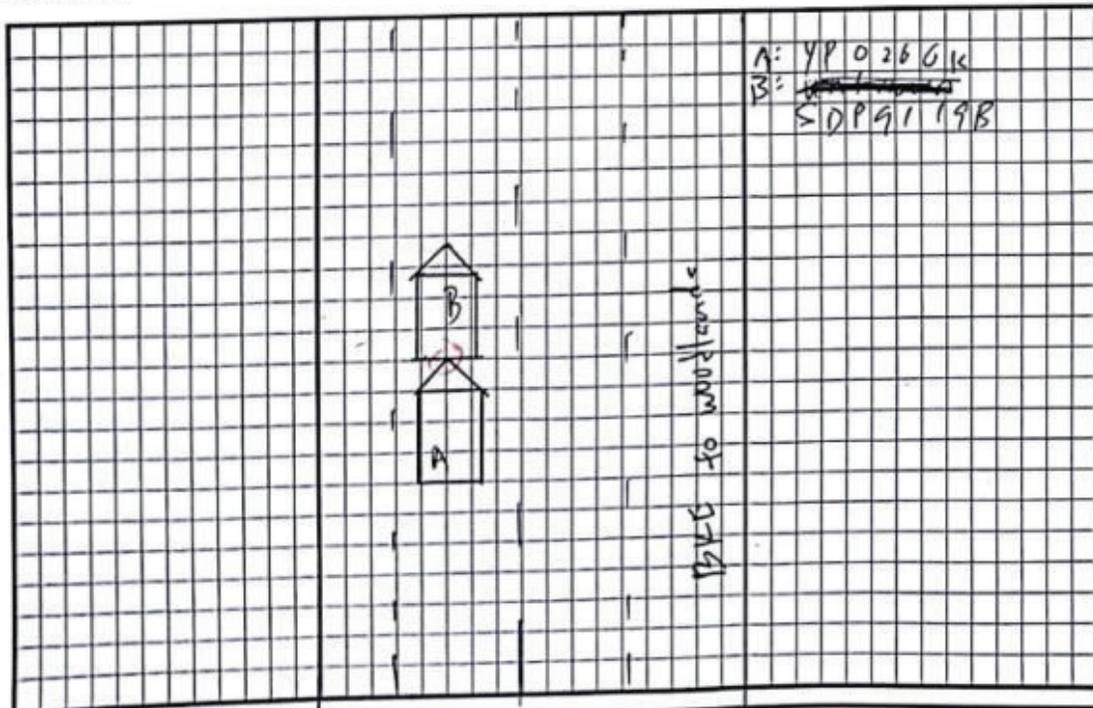
VERIFIED BY AJAX MARS
REPORTING OFFICER
THOMAS NG CHIN CHUN

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20180307/2015

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

1 of 3
Report No. T/20180307/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/03/2018 02:27	Video Report No.:	Station Diary No.:
--	-------------------	--------------------

Informant's Particulars			
Name of Informant: MOHD SAIFUL		Address: 530 JURONG WEST ST 52 #09-389 HDB JURONG WEST SINGAPORE 640530	
ID Type / ID No.: NRIC NO / S9740257D		Contact No.:	Mobile: 97887676
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 20	Date of Birth: 08/11/1997	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: DELIVERYMAN		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/03/2018 20:00	Type of Location: Flyover
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One 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
YP226K	Lorry					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180307/2015

2 of 3

Report No. T/20180307/2015

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

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ALONG BKE ON THE 3RD LANE FROM THE LEFT. AS THE TRAFFIC WAS HEAVY, THE CARS WERE MOVING SLOWLY. THE CAR INFRONT OF ME SUDDENLY JAMMED BRAKES AND I COULD NOT REACT IN TIME, CAUSING A COLLISION BETWEEN MY CAR AND THE CAR INFRONT OF ME. AFTER THE COLLISION, I WENT APPROACHED THE DRIVER AND HIS PASSENGERS TO CHECK ON THEIR WELL-BEING THEY ALL TOLD ME THAT THEY WERE FINE AND I TOLD THE DRIVER OF THE CAR INFRONT TO MOVE HIS CAR TO THE SIDE AS WE WERE BLOCKING THE TRAFFIC IN THE MIDDLE. THE DRIVER TOOK A PICTURE OF MY PLUS CARD AND THEN CALLED HIS COMPANY. HE INFORMED THAT HE WAS GOING TO CHECK WITH HIS COMPANY AND CALLED THE POLICE. I WAS THEN ARRESTED BY THE TRAFFIC POLICE OFFICERS.

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20180307/2015

3 of 3

Report No. T/20180307/2015

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 /
ZENG ZI QONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

07/03/2018 02:27

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: