

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	23/03/2018 10:53
Date Of Accident	22/03/2018 10:15
Exact Location Of Accident	BUKIT TIMAH ROAD (EXIT FROM CTE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8296C
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	TOYOTA
Model	SIENTA
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	THIRD PARTY
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	999995074
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NIZAM BIN SENIN
NRIC No	S7024293A
Date Of Birth	28/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
EEmail 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 - MAJOR/MINOR RD
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?	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)	3

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	RIVER VALLEY NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2789999 - FAX NO: 62786427
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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GU7526K
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
Vehicle Category	COMMERCIAL VEHICLE
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

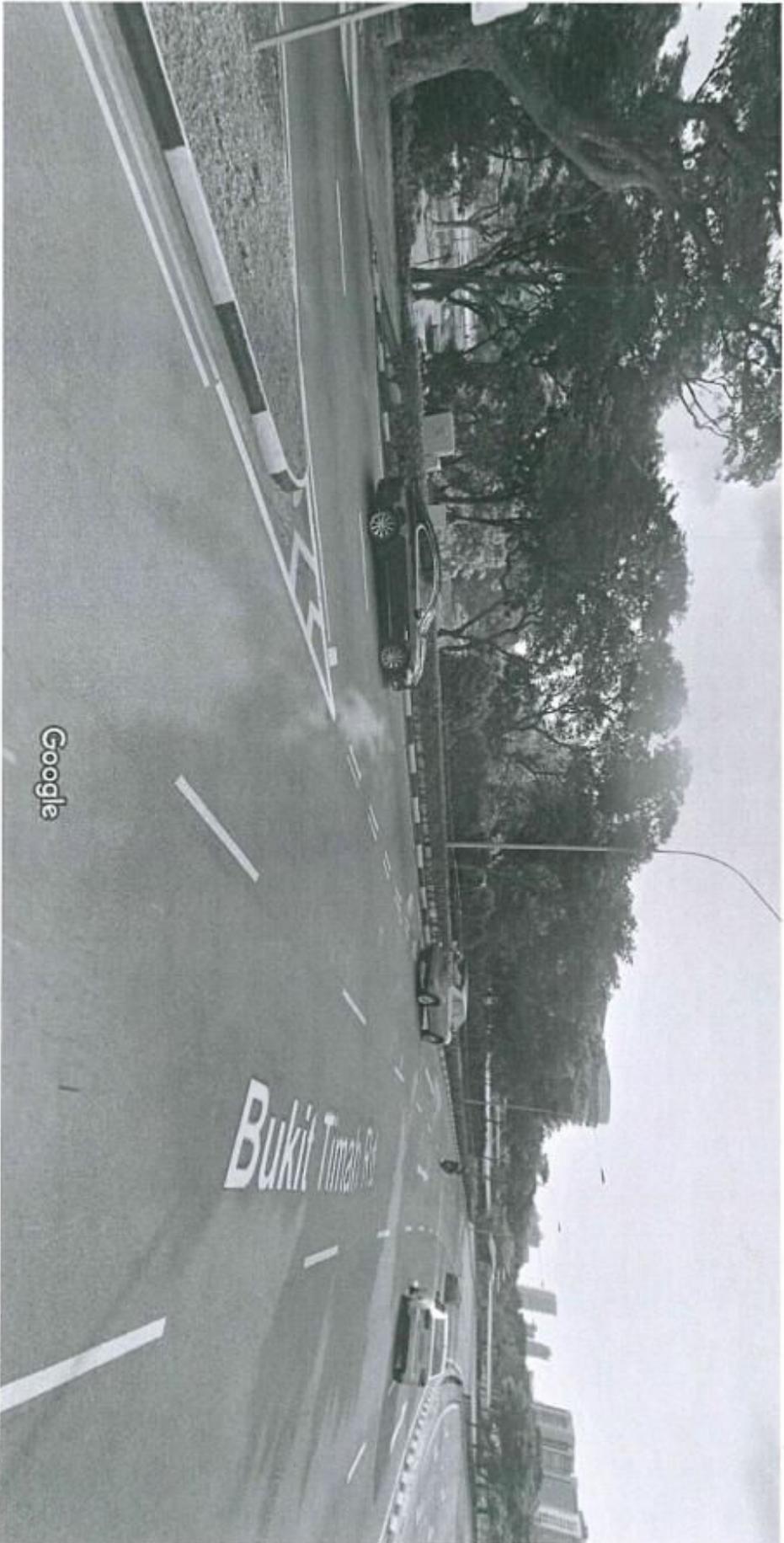
Name	MUHAMMAD NIZAM BIN SENIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLC8296C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Accident Sketch Plan

3/23/2018

Bukit Timah Rd - Google Maps

Google Maps Bukit Timah Rd



Singapore

Google, Inc.

Street View - Jul 2016

Image capture: Jul 2016 © 2018 Google

<https://www.google.com.sg/maps/@1.3105004,103.8448332,3a,75y,72.55h,78.27t/data=!3m1!1e1!3m1!1sPbwSvUfFg6GALUGZfMUYYIQI2e0U7113312U8l85567h=en>

Accident Sketch Plan Pg. 1

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.:
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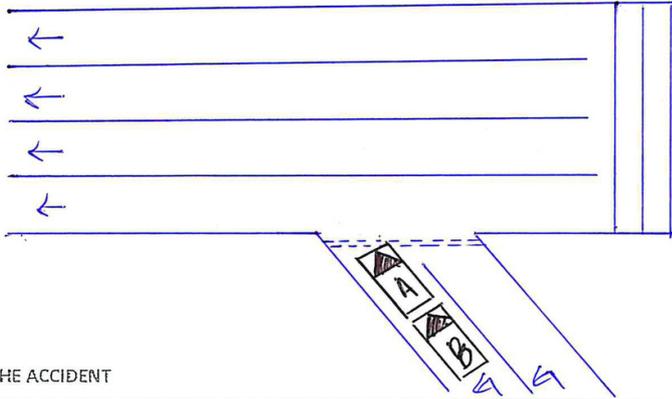
Accident Sketch Plan Pg. 2

BUKIT TIMAH RD (EXIT FROM CTE)

SKETCH PLAN

(A) SL08296L

(B) 6U7XD6K

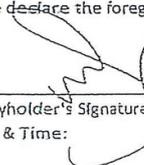


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police Report No: 71018032/p182

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.:

Accident Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20180322/2132

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

2 of 3
Report No. T/20180322/2132

CONTINUATION OF REPORT

Driver			
Name	Teo Tai Kong	ID No.	S1214093B
Related Vehicle	GU7526K (Lorry)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MOHAMMAD NIZAM BIN SENIN	ID No.	S7024293A
Related Vehicle	SLC8296C (Car)	Contact No.	
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	22/03/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

On the 22/03/2018 at about 1015hrs I was driving my vehicle SLC8296C sending off two male passengers exiting CTE entering into Bukit Timah Road filtering left when a lorry bearing the plate number GU7526K had hit my rear.

My vehicle was badly damaged. The whole rear windscreen was cracked and the rear bumper was dented in as for the other vehicle the front bumper was slightly dented in. I then alighted the passengers at the location itself.

I felt a sharp pain from my neck I then exchanged particulars with the driver of the said vehicle and had parked my vehicle at a carpark along Halifax road. Subsequently my vehicle was towed away. I then proceeded to SGH to have a doctor check on the pain that I felt. I was then given four days MC from 22/03/2018 until 25/03/2018.

I am lodging this report as instructed by the company that I had rented the car from (Lion City Rentals Pte Ltd). That is all.



SINGAPORE
POLICE FORCE



T/20180322/2132

Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999

3 of 3

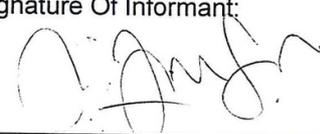
Report No. T/20180322/2132

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: E / Sgt 2 MUHAMMAD KHAIRUDIN BIN KASSIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/03/2018 17:19
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	<div data-bbox="614 1877 1125 2072" style="border: 1px solid black; padding: 5px;">  SINGAPORE POLICE FORCE <div style="float: right; font-weight: bold; font-size: small;">SN 069</div> <div style="text-align: center; margin-top: 10px;">  _____ SIGNATURE </div> </div>

IDENTIFICATION CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S7024293A**
 Name: **MOHAMMAD NIZAM BIN SENIN**
 Date of Birth: **28 Jul 1970**
 Issue Date: **12 Dec 2013**

00225948A



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S7024293A**



Name: **MOHAMMAD NIZAM BIN SENIN**
 Race: **JAVANESE**
 Date of birth: **28-07-1970** Sex: **M**
 Country of birth: **SINGAPORE**

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

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	20 Feb 2009
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7200kg	12 Dec 2013

NP 428A

Licence No: S7024293A



4346391



NAME: **S7024293A**



Date of issue: **09-01-2009**

Address:
APT BLK 79 INDUS ROAD
#04-457
SINGAPORE 161079

Accident Photo



Accident Photo



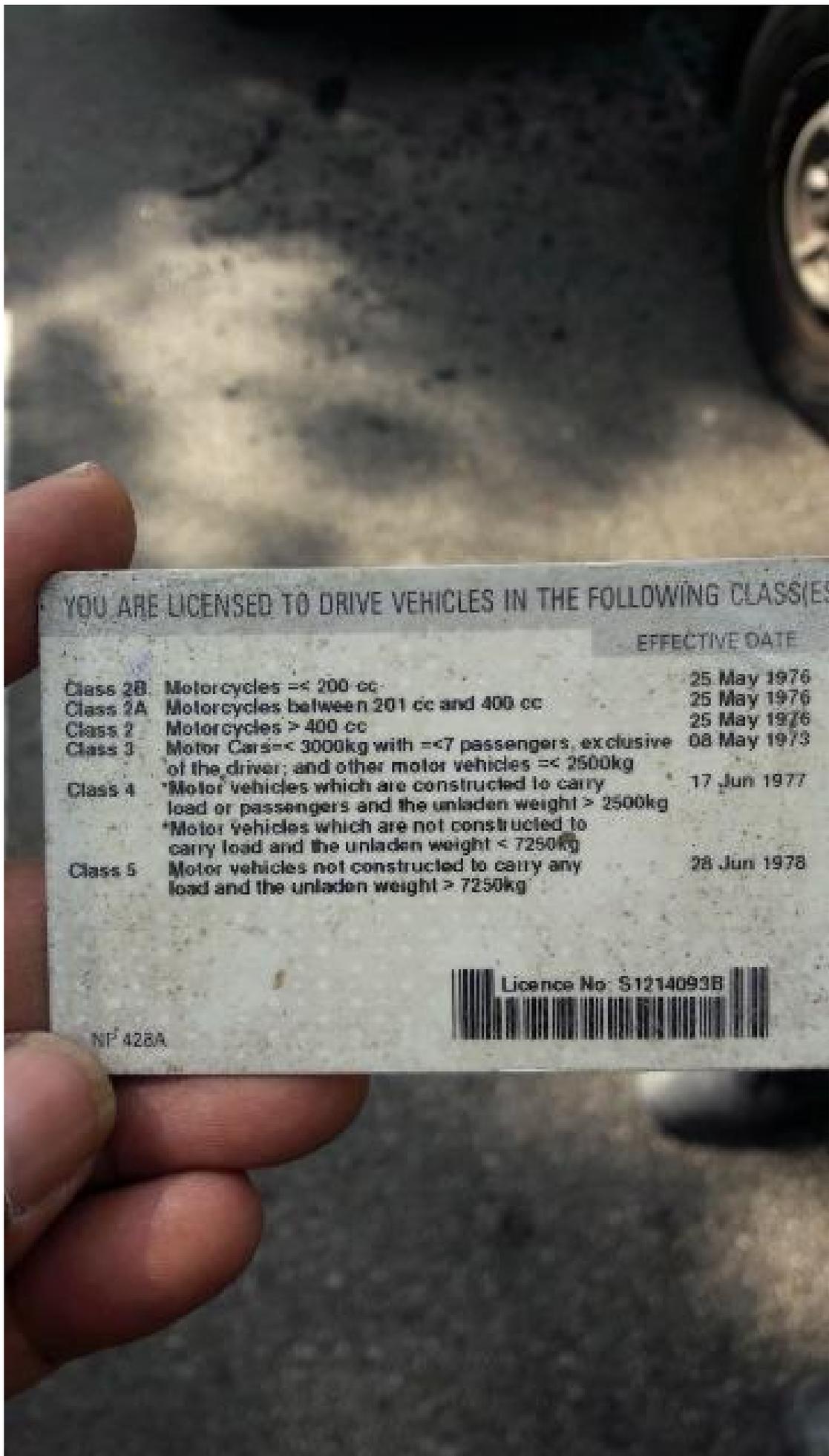
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

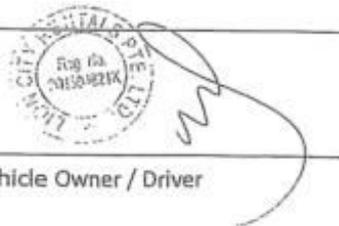
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUMG 12039365 Vehicle Registration No : SLC 8296C
Name(as shown in NRIC): LCR
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 20150462K
Address : _____
Contact (Tel) : 66944919 (H/P) : _____
(Email) : _____
Date of Accident : 2/3/18 Time of Accident : 1015 hrs
Place of Accident : Bukit Merah Rd (Exit from (TE))
Insurance Company : AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Addendum : hyung updated


Signature of Vehicle Owner / Driver
Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm