SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Date Of Driving Pass

Driving Experience

- 1. Please report <u>correctly</u> 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

	ACCIDENT STATEMENT
Date Of Danasit	
Date Of Report	24/03/2018 13:38
Date Of Accident	22/03/2018 22:20
Exact Location Of Accident	SLE SLIP ROAD TO WOODLANDS AVE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SLG7261M
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	GRACE
Exact Purpose for which vehicle was being used at ime of accident	HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995149
Cover Note Number	
Driver	
Name of Driver	MOHAMED HAZIM BIN ABDUL JALIL
NRIC No	S6807122D
Date Of Birth	21/02/1968

OUTDOOR

14/06/2011

6 YEARS AND 9 MONTHS

Gender **MALE**

Mobile Number (LOCAL) +65-90106639

Fax Number

Contact Number

EMail Address NOEMAIL

Address **6 BENOI SECTOR**

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 **CHAIN COLLISION**

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1 : MUHAMMAD FIRDAUS Name:

> Gender: : Male

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 - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: SINGAPORE

TEL NO: 65470000 - FAX NO: **Police Station Contact**

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO THE FOLLOWING ATTACHED, THANK YOU.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FB2581U

Vehicle Make/Model/Colour

Details Of Properties VEH. B Vehicle Category

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

MOTORCYCLE

MUHAMAD ASYRAF BIN MOHAMED AKBAR Name

Approximate Age Injuries Sustain

Injured person in which vehicle? FB2581U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 enquirles 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 Signatur Date & Time:

confidences inches of

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

SLE Slip road to woodlands Ave 2

SKETCH PLAN		DA T
	→ → →	
	7	
-SL67261M	→	
-SL67261M -FB2581U	\rightarrow	
ESCRIBE CIRCUMSTAN	NCES OF THE ACCIDENT	
please refe	er to police report: T/2018	0324/7000
		1.7
ECLARATION We declare the foregoing	particulars are true in every respect.	A COLOR
T.	(2008)*)	Man and a second of
licyholder's Signature te & Time:	Boriver's Signature (if driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRBC/FIN No.:









1 of 4 Report No. T/20180324/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 24/03/20	e Report M 18 04:37	lade:	Vide Report No.:	Station Diary No.:	
Informar	t's Particu	ılars			
	Informant: ED HAZIM	BIN ABDUL	Address:		
ID Type / ID No.: NRIC NO / S6807122D		22D	Contact No.: Home/Office: Mobile:		
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: hazfam33@gmail.com	- M	
Sex: Male	Age: 50	Date of Birth: 21/02/1968	Type of Informant: Driver		
Race: Malayalee			Language: Institution / School Nat English		
Occupation: UBER DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Infor	mation of the Accident			
Type of Accident:	Injury Drink Date/Time Attended by Police Drive: Accident:		Date/Time of Accident: 22/03/2018 10:20	Type of Location: Straight Road
	KPRESSWAY f Club area before slip roa	ad to Woodlands A	ve 2 near Marsiling Flyd	over.
Weather: Road Surface: Dry			Road Speed Limit: 5 Km/h	
Traffic Flow: Traffic Control: One Way Not Controlled		1.7	Traffic Volume: Heavy	
Type of Collis Between Mov	sion: ving Vehicles - Side Swipe	- Same Direction	a	Anyone conveyed by ambulance:

Details of V	ehicle Involve	d				A CONTRACT OF STREET
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FB2581U	Motorcycle	YAMAHA	RXZ	Black		0
SLG7261M	Car	HONDA	Grace	Grey		1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 4 Report No. T/20180324/7000

CONTINUATION OF REPORT

Rider						
Name	MUHAMAD ASYRAF BIN MOHAMED AKBAR		ID No.		S9517937A	
Related Vehicle	FB2581U (Motorcyc	le)		Conta	ct No.	
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	V.182	Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL Degree			Degree of	ree of Injury Slight		
Driver					POTE	
Name	MOHAMED HAZIM BIN ABDUL JALIL		ID No		S6807122D	
Related Vehicle	SLG7261M (Car)		Contact No.		96390147	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3A Date of Expiry: NIL	
Date Treatment	NIL Date Dis			harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

Brief Details.

I am Mohamed Hazim Bin Abdul Jalil NRIC no: S6807122D, an Uber driver. On 22nd March 2018 at 22:20, as I was travelling along SLE near Marsiling Flyover with a passenger inside name Mr Muhammad Firdaus, I was on the extreme left lane existing Woodlands Ave 2 slip road.

I was behind a long lorry and was travelling between speed 40 to 45km/h. Out of sudden, there was a motor bike came in to my lane on the right in a split second without me realizing as I did not see him on my right side mirror. All of the sudden I heard as if something hit my car on the right side and me and my passenger realized that there was motorist skidded and I immediately looked at my rear view mirror to avoid any collision with other vehicle at the back before I stopped my car. Me and my passenger immediately attended to the motorist, Muhamad Asyraf Bin Mohamed Akbar. He was in the state of shock but able to walk to the side of the road after a few minutes. I requested a gentleman whom also stopped his car to assist to call for an ambulance. He suffered from some minor abrasions and was able to walk to side of the road. We pushed his bike to side of road and waited for ambulance to arrive. Ambulance came and attended to him with abrasions on his back, arm and leg. He did not want to be brought to hospital when the ambulance officers asked him since he did not suffered any serious injuries.

I asked him in the presence of Traffic Police and the paramedics if he wanted to claim insurance or to go through private settlement. He told me that he would go for private settlement. We then exchanged our particulars and contact numbers. TP advised us to follow the tow truck where his bike will be towed to a nearby car park and to discuss on how we would want to settle.

I sent my passenger to his destination first which was very nearby (Blk 510 Woodlands Drive 14) and proceed to in front of Blk 325 Woodlands where the tow truck left his bike in the open car park.





3 of 4 Report No. T/20180324/7000

CONTINUATION OF REPORT

While sending my passenger, I asked him if he saw the motor bike in front of us because at that time we were having a casual talk with each other in the car. He also told me that he did not see the motor bike. But the motorist kept blaming me for hitting him and he said it was my fault. I then uploaded a video footage as an evidence. Mr Muhammad Firdaus is willing to be a witness.

Received call from Muhamad Asyraf at about 15:00 plus telling me that he decided not to have private settlement after I have sent my car for repair.

Regards.





4 of 4 Report No. T/20180324/7000

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	24/03/2018 04:37
Officer In Charge Of Case:	Classification Of Case:
SHAHRUL NIZAM BIN SAMARRI	
Contact No.: 65476904	
Authentication Stamp	

Accident Photo





Accident Photo











Accident Photo

