

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	02/04/2018 17:20
Date Of Accident	01/04/2018 16:20
Exact Location Of Accident	MANDAI ROAD TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM732K
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	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	999995110
Cover Note Number	

Driver

Name of Driver	S AHABATH REHMAN
NRIC No	S9670576Z
Date Of Birth	01/01/1996
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2017
Driving Experience	1 YEAR AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	44 BENOI ROAD BLOCK B (ENTTRANCE B) ENTRANCE 6 BENOI SECTOR
Postcode	629904
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 - CROSS JUNCTION
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?	YES
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: : AYISA BERTHURAS Gender: : Female
Passenger 2	Name: : YOUNGER BROTHER Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER 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 Witness 1

Name	AYISA BERTHURAS
------	-----------------

Phone Number 91280229
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBD6641R
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 S AHABATH REHMAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLM732K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AYISA BERTHURAS
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLM732K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name UNKNOWN (YOUNGER BROTHER)
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLM732K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

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)

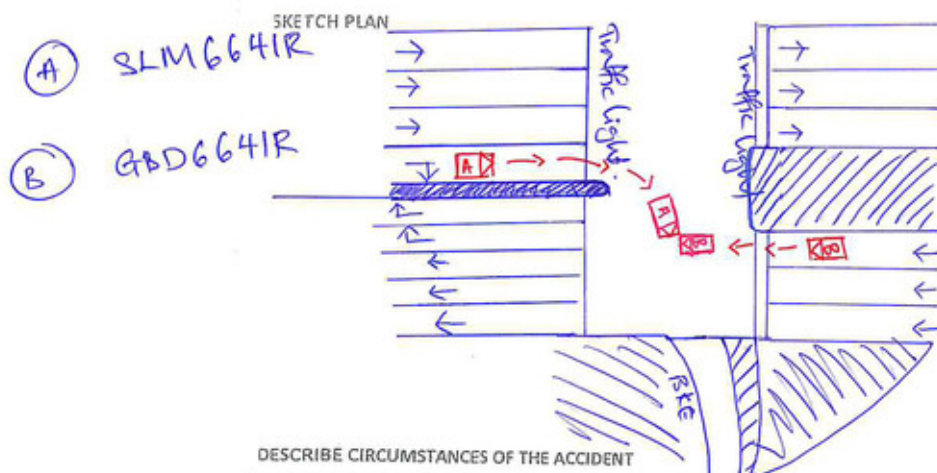
I understand, acknowledge, agree and consent that:

- (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.:



As per police report no: T/20180402/2071.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

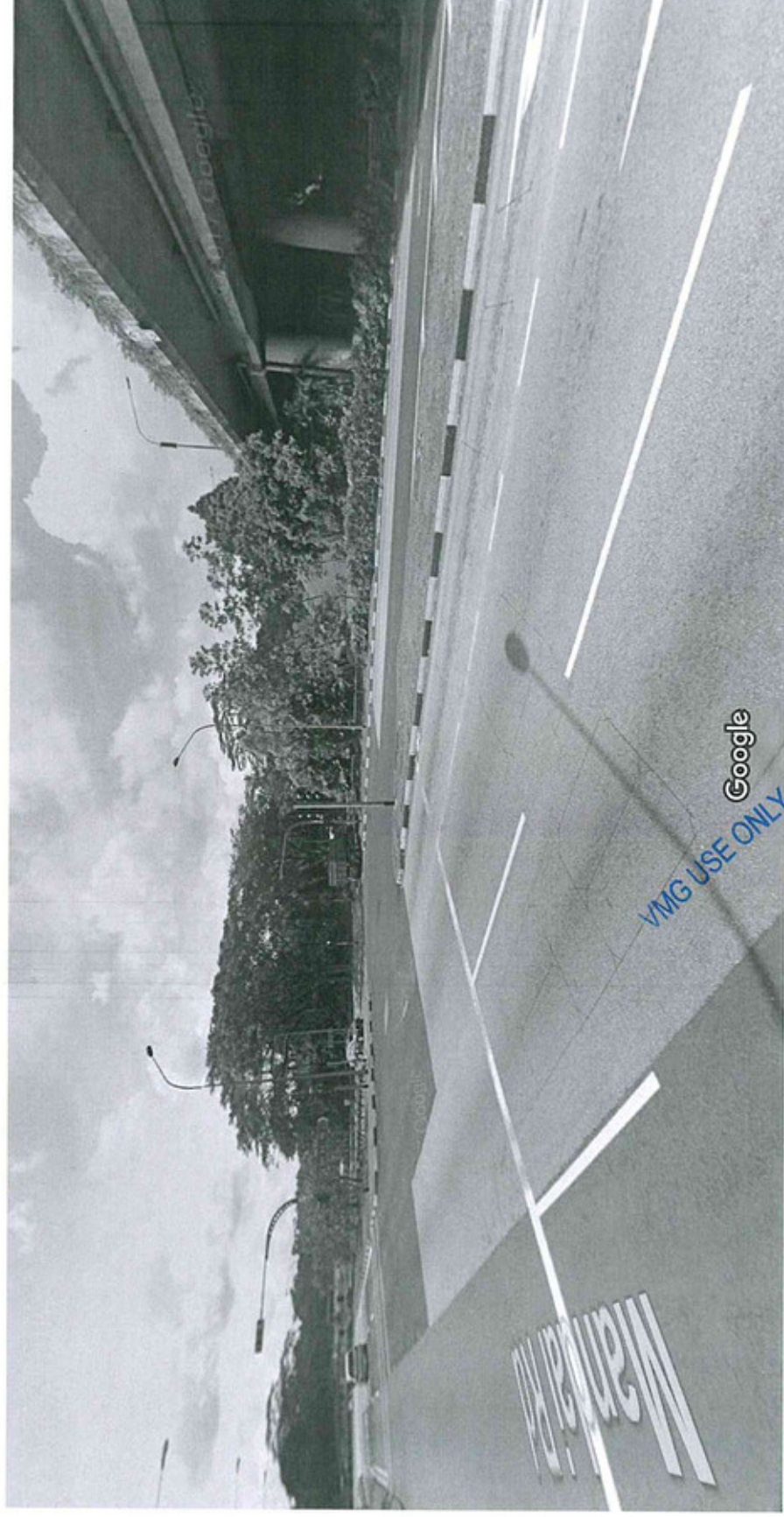
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

4/2/2018

Mandai Rd - Google Maps

Google Maps Mandai Rd



Wally ©DreamWorks Distribution Limited. All rights reserved. Image capture: Aug 2016 © 2018 Google

Singapore



Google, Inc.

Street View - Aug 2016

<https://www.google.com.sg/maps/@1.4100838,103.7719578,3a,75y,149.89h,82.42t/data=!3m6!1e13m4!1sGR6HIXRfCaszqOIkGEOUg!2e0!7!13312!8!6656>



**SINGAPORE
POLICE FORCE**



T/20180402/2071

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20180402/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2018 13:47		Vide Report No.: J/20180401/0173		Station Diary No.: 66	
Informant's Particulars					
Name of Informant: S AHABATH REHMAN			Address: APT BLK 129 PENDING ROAD #13-344 SINGAPORE 670129		
ID Type / ID No.: NRIC NO / S9670576Z			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 01/01/1996	Type of Informant: Driver		
Race: Indian			Language: English	Institution / School Name: NATIONAL UNIVERSITY OF SINGAPORE	
Occupation: Student			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/04/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 MANDAI ROAD BUKIT TIMAH EXPRESSWAY Along Mandai Road towards BKE				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6641R	Van					0
SLM732K	Car					2

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



**SINGAPORE
POLICE FORCE**



T/20180402/2071

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20180402/2071

CONTINUATION OF REPORT

Driver				
Name	S AHABATH REHMAN		ID No.	S9670576Z
Related Vehicle	SLM732K (Car)		Contact No.	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	01/04/2018		Date Discharge	01/04/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	NIL		Contact No.	NIL
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 01/04/2018 at about 4.20pm, I was driving my vehicle, bearing registration plate number SLM732K, along Mandai Road towards BKE. It was raining heavily and the traffic volume was light. I was at the T-junction and was about to turn right into BKE with a green traffic light in my favor. I have my mother and my younger brother as passengers in my car. As I was turning right, there was a van, bearing registration plate number GBD6641R, from the opposite road. From my view, I believed he was speeding as he accelerated forward. As a result, his van head on into the front, left bumper of my car. Due to the impact, my car spun into a 360 degree before coming to a stop. Me, my mother and my younger brother was in a total state of shock. Traffic Police and ambulance came to the scene. **My mother was conveyed to KTPH as she injured her left shoulder.** I have to stand by at scene for the Traffic Police. My car was badly damaged and had to be towed away. I do not have the particulars of the other driver with me now.

That evening, I went to KTPH to seek for medical attention as my right knee was swelling and my whole body has cramps. I was given 5 days of MC due to my injury. **My mom is still warded in KTPH.**



SINGAPORE
POLICE FORCE



T/20180402/2071

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Tel No: 1800-8529999

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Report No. T/20180402/2071

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:
F /
Sgt 3 MARDIANA BINTI ABDUL MANAN

Signature Of Informant:

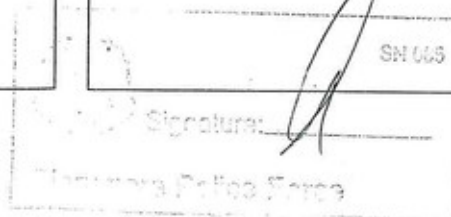
Signature Of Interpreter:
Not applicable

Date/Time:
02/04/2018 13:47

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213


Classification Of Case:

Authentication Stamp
NP168



IC AND LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9670576Z



Name
S AHABATH REHMAN

Race
INDIAN

Date of birth
01-01-1996

Country of birth
INDIA

Sex
M

S9670576Z

4707886

VMG USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9670576Z**

Name
S AHABATH REHMAN

Birth Date **01 Jan 1996**

Issue Date **16 Mar 2017**



002666412J

4707886



NRIC No. S9670576Z



Date of issue
11-04-2011

APT BLK 129 PENDING ROAD #13-344
SINGAPORE 670129

NRIC No: S9670576Z Date: 23/03/2013 No: 7336263

VMG USE ONLY

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

EFFECTIVE DATE
16 Mar 2017

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

NP 428A

Licence No: S9670576Z

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

