

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	04/04/2018 15:37
Date Of Accident	04/04/2018 08:40
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2267E
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201604597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-62414992

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL HYBRID-1.5 Z (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	

Driver

Name of Driver	ABDUL LATIF BIN ABDUL HALIM
NRIC No	S0100333Z
Date Of Birth	08/06/1954
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1981
Driving Experience	37 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	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)	2
Passenger 1	Name: : NONAME Gender: : Male

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

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	SJJ7117E
Vehicle Make/Model/Colour	

Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN ZIE ZOU
NRIC/Passport Number	S7517945F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLU6279X
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

DETAILS OF INJURED PERSON 1

Name	ABDUL LATIF BIN ABDUL HALIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

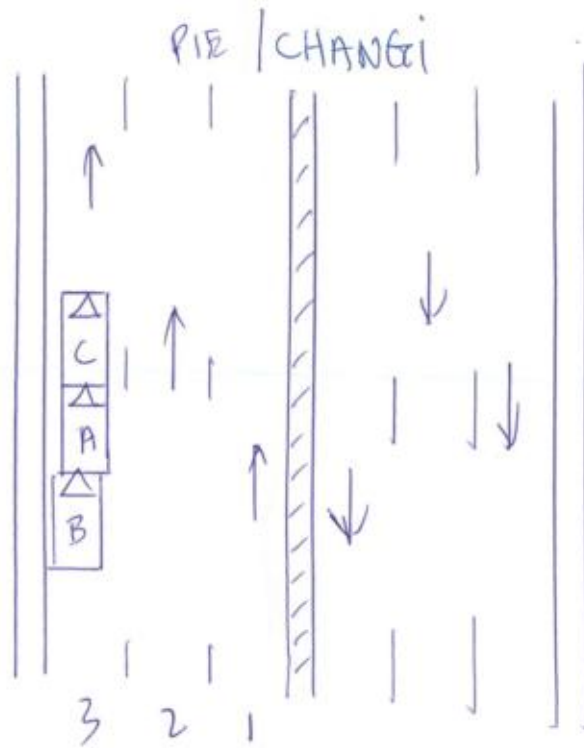


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #3

Describe Circumstances of the Accident

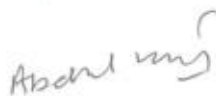
REFER TO POLICE REPORT

Declaration

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

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180404/2055

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 4

Report No. T/20180404/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2018 12:48	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: ABDUL LATIF BIN ABDUL HALIM			Address: APT BLK 437 CHOA CHU KANG AVENUE 4 #02-489 SINGAPORE 680437		
ID Type / ID No.: NRIC NO / S0100333Z			Contact No.: Home/Office: Mobile: 85115702		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 08/06/1954	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: UBER DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/04/2018 08:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE towards Changi Airport, before exit to Tampines Ave 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
SJJ7117E	Car				Slightly Damaged	0
SLG2267E	Car				Seriously Damaged	1
SLU6279X	Car				Slightly Damaged	0

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180404/2055

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Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180404/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAN ZIE ZOU (CHEN SIRU)	ID No.	S7517945F
Related Vehicle	SJJ7117E (Car)	Contact No.	98327051
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
Driver			
Name	ABDUL LATIF BIN ABDUL HALIM	ID No.	S0100333Z
Related Vehicle	SLG2267E (Car)	Contact No.	85115702
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	GOH AH LAI	ID No.	S0199932Z
Related Vehicle	SLU6279X (Car)	Contact No.	97341979
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 04/04/2018 at about 0840hrs, I was driving my Uber vehicle (SLG2267E) along PIE towards Changi Airport with one passenger.

Nearing the exit of Tampines Avenue 5, the vehicle ahead (SLU6279X) slowed down. I also slowed down and prepared to stop. Suddenly, there was a collision from behind to my vehicle. The force of the collision forced my vehicle to move forward and collide with the vehicle ahead (SLU6279X). After the collisions, I got off my vehicle to take a look and saw that another vehicle (SJJ7117E), had collided into my vehicle. I exchanged particulars with the other two drivers and took photo of the accident. In the midst of

Sketch Plan #6



**SINGAPORE
POLICE FORCE**



T/20180404/2055

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Report No. T/20180404/2055

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

exchanging particulars, my passenger took another taxi and left.

My vehicle suffered damages at both the rear and front. Both front bonnet and rear bumper had dented in. My left rear tire had punctured too. The vehicle that was in front of me suffered damages on the rear bumper, which had dented in. The vehicle that had collided with me suffered damages on the front bonnet as the front bumper had been dislodged. I have in-car camera at the front and it was working during the accident.

After I had exchanged particulars, I drove off and felt pain at my neck to back area, and both my hands and legs felt slightly numb. I went to Sunshine Clinic Family Practice & Surgery to consult a doctor and was given 5 days MC from 04/04/2018 to 08/04/2018.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180404/2055

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Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

Report No. T/20180404/2055

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:
G /
Staff Sgt YANG JUNJIE, SAMUEL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/04/2018 12:48

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



Accident Sketch Plan

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0100333Z



ABDUL LATIF BIN ABDUL HALIM
عبد اللطيف بن عبد الحليم
MALAY
Date of Birth: 08-06-1954 Sex: M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

15. Licence Number: S0100333Z



ABDUL LATIF BIN ABDUL HALIM
Date of Birth: 08 Jun 1954
Issue Date: 27 Dec 2002

900062597G

2874411



900062597G



13-10-1994

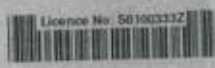
12/03/2010

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

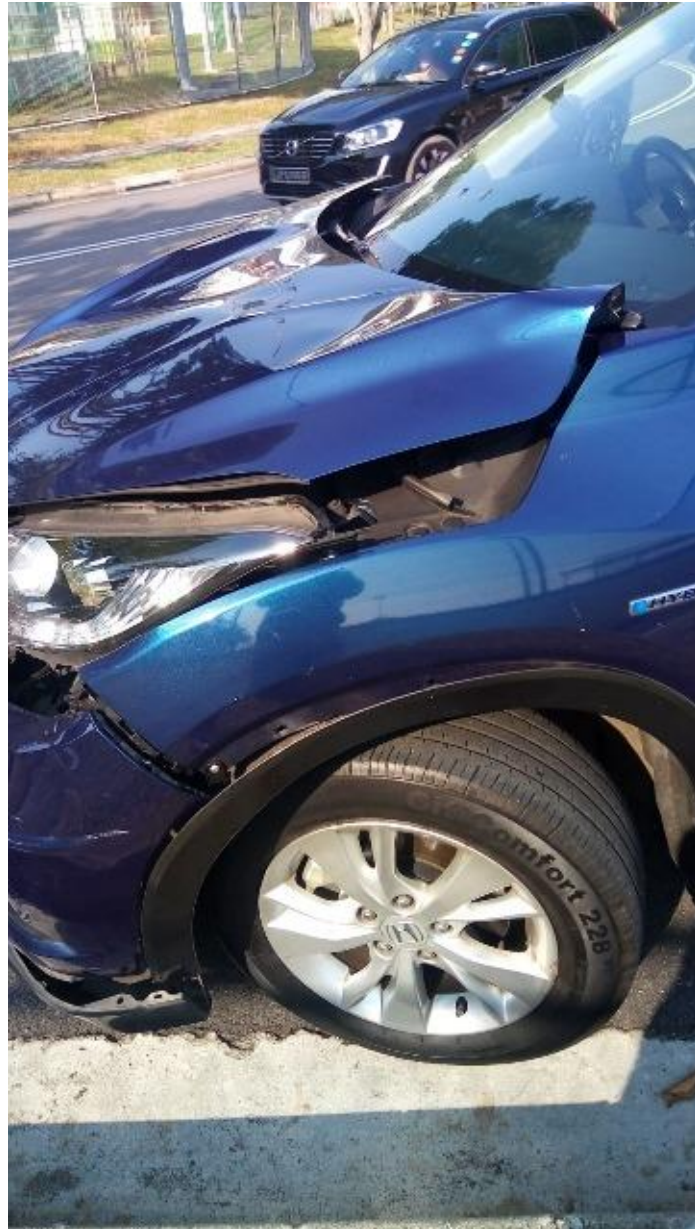
Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	19 Jan 1983
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	21 Jan 1981
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	19 Dec 1997

NP 428A

Licence No. S0100333Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



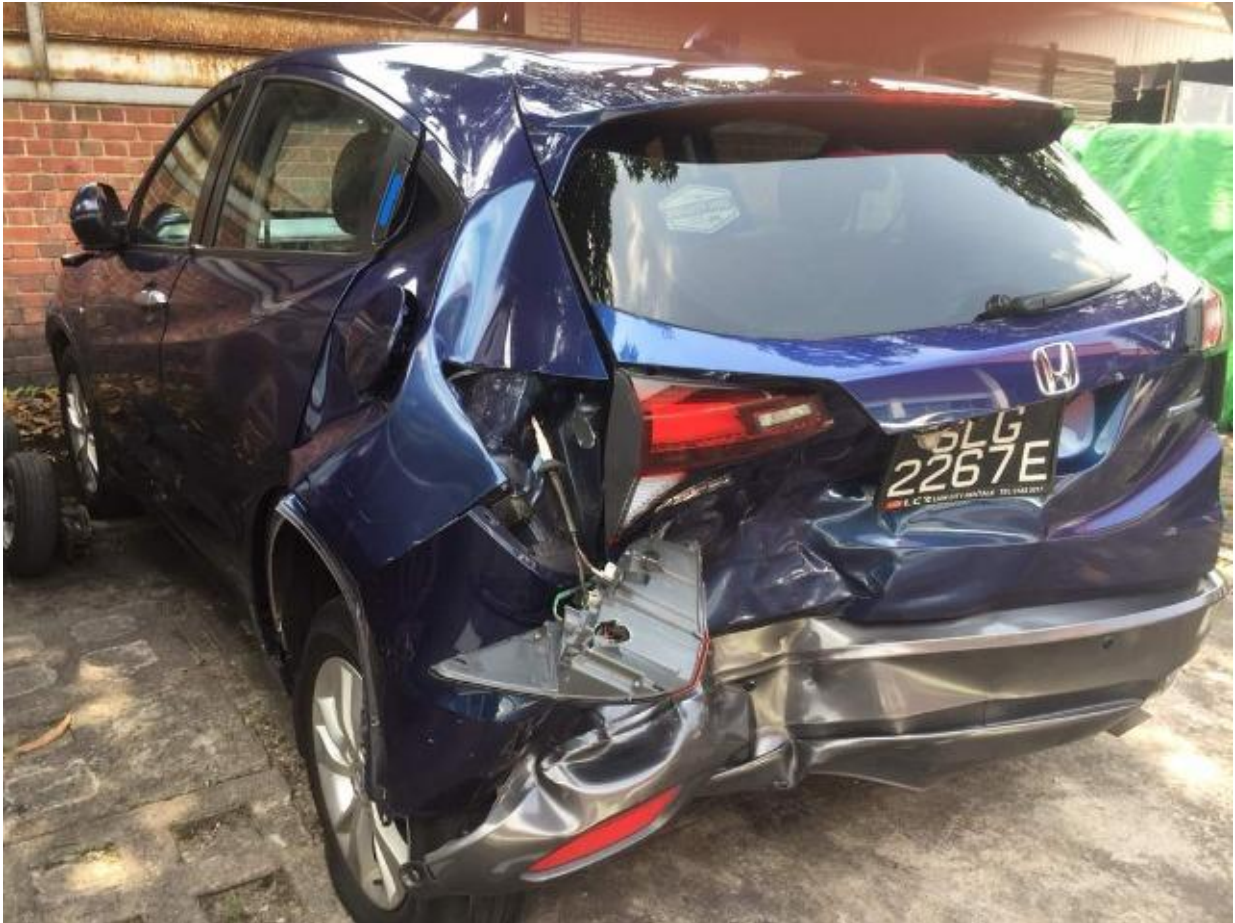
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

