

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	05/05/2018 15:30
Date Of Accident	04/05/2018 19:25
Exact Location Of Accident	TOH TUCK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
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Vehicle Registration Number	SLG5743C
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-NOPHONE

Vehicle Particulars	
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Manufacturer	KIA
Model	FORTE K3-1.6 EX (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	
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Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994967
Cover Note Number	

Driver	
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Name of Driver	AFFIAN BIN MOHAMED ALLEY
NRIC No	S0151689B
Date Of Birth	30/07/1953
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1984
Driving Experience	33 YEARS AND 7 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-93269429
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	-
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHMENTS.

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	SJJ349Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG WEI EI

NRIC/Passport Number	S8008795J
Contact Number	96156251
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1	
Name	AFFIAN BIN MOHAMED ALLEY
Approximate Age	
Injuries Sustain	NECK, LOWER BACK, & LEFT ARM PAIN
Injured person in which vehicle?	SLG5743C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.:

SKETCH PLAN

Refer attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police Report.

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:

Alfian



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

[Signature]



No. _____

BUKIT TIMAH PRIMARY SCHOOL

Time: 19.25pm

(2)

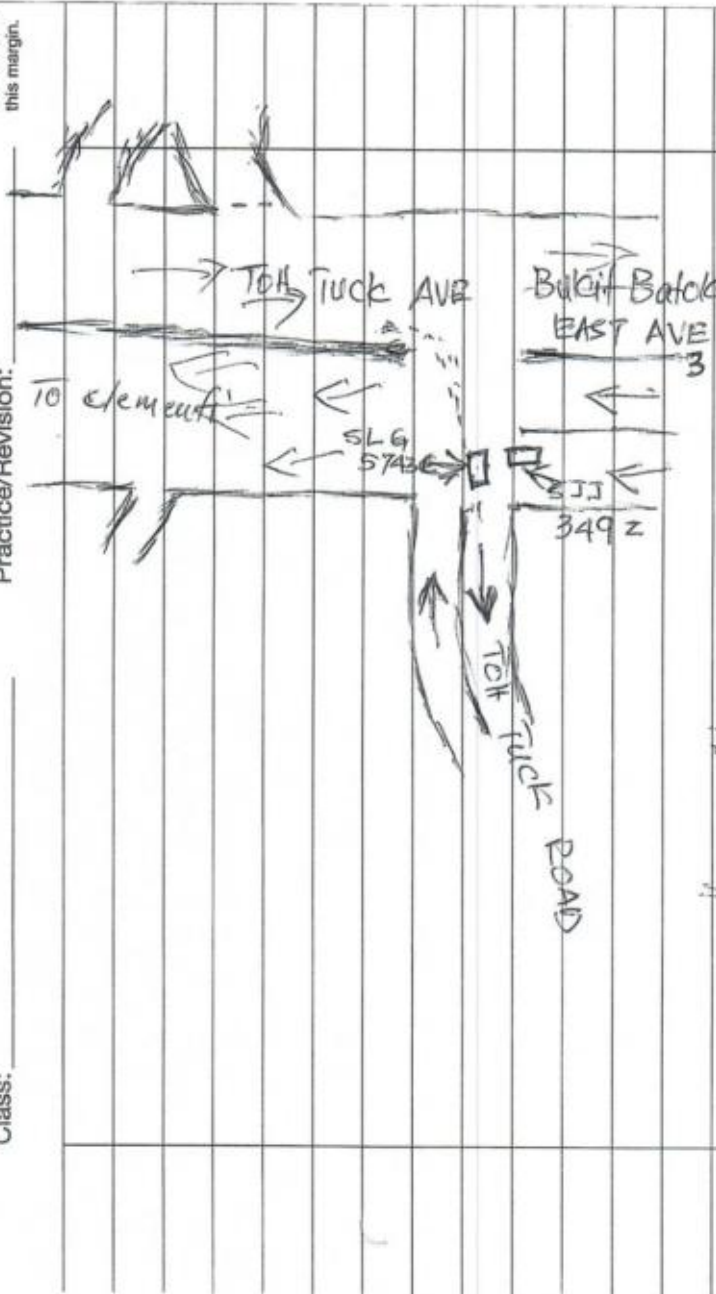
Name: _____

Date: _____

Class: _____

Practice/Revision: _____

Nothing is to
be written in
this margin.





**SINGAPORE
POLICE FORCE**



T/20180505/2027

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20180505/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/05/2018 07:25	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars

Name of Informant: AFFIAN BIN MOHAMED ALLEY	Address: APT BLK 618 JURONG WEST STREET 65 #06-434 SINGAPORE 640618
ID Type / ID No.: NRIC NO / S0151689B	Contact No.: Home/Office: Mobile: 93269429
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 64 Date of Birth: 30/07/1953	Type of Informant: Driver
Race: Indonesian	Language: Institution / School Name:
Occupation: UBER DRIVER	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 04/05/2018 16:45	Type of Location: Zebra Crossing
Location: Along Road 1 BRAS BASAH ROAD BENCOOLEN STREET				
Weather: Sunny	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	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
SBS6056B	Bus/Coach/Minibus					0
SJJ349Z	Car					0
SLG5743C	Car				Slightly Damaged	2



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T/20180505/2027

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Report No. T/20180505/2027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WILLIAM TAN	ID No.	NIL
Related Vehicle	SBS6056B (Bus/Coach/Minibus)	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
Driver			
Name	Wong Wei Ei	ID No.	S8008795J
Related Vehicle	SJJ349Z (Car)	Contact No.	96156251
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	AFFIAN BIN MOHAMED ALLEY	ID No.	S0151689B
Related Vehicle	SLG5743C (Car)	Contact No.	93269429
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/05/2018	Date Discharge	04/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 04/05/2018 at 1645hrs, I was driving my rented vehicle SLG5743C along Bencoolen Street, I was intending to turn left to Bras Basah Road. Before I turned I checked my rear view mirror and saw that a bus SBS6056B was behind me. I turned left and stop near the zebra crossing area so that I can check for oncoming vehicles on Bras Basah Road. Suddenly, the bus SBS6056B collided with the back of my car and I immediately applied my handbrakes to stop my car. At that time, I did not feel any pain. I inspected my car for damages and realized the boot of the car was dented along with the rear bumper. I then went exchange particulars with the bus driver. He is William Tan from SBS Transit and was driving bus 131. Once we have settled, I carried on driving and soon after I realised I felt giddy and disoriented, I decided



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T/20180505/2027

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Report No. T/20180505/2027

CONTINUATION OF REPORT

to stop my car to rest.

Subsequently, I felt better and decided to drive again. On the same day at 1925hrs, I was intending to visit my relative's house and was travelling along Toh Tuck Avenue turning right towards Toh Tuck Road. At that point, I saw that the traffic light was red but the right turn arrow was green. As such, I checked for oncoming vehicles and decided it was clear for me to turn right to Toh Tuck Road. All of the sudden a car (SJJ349Z) collided with me on my left. I felt pain in my neck, lower back area and left arm but did not suffer from any cuts or fractures. During this time the car driver of SJJ349Z, Wong Wei Ei, S8008795J, HP:96156251 came to my driver seat door and pulled my door handle. Subsequently, the door handle broke off. I then went out of my car to inspect my car for more damages and found that the left rear door my car had dents. In addition, the car's left rear tyre rim was dented.

I wish to inform that in both instances, there were no Traffic Police at scene and I was not conveyed to the hospital. I only went to Mount Alvernia hospital later in the day as I felt the pain was overwhelming and they provided me with 4 days of MC. I am lodging this report for insurance claim purposes.



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T/20180505/2027

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Report No. T/20180505/2027

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:

J /

SOE PAING ZAW

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/05/2018 07:25

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168

DRIVER'S IC & DRIVING LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0151689B



Name
AFFIAN BIN MOHAMED ALLEY

Race
INDONESIAN

Date of birth
30-07-1953


Country of birth
SINGAPORE

Sex
M

4186799

FOR C&C USE ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0151689B**

Name
AFFIAN BIN MOHAMED ALLEY

Birth Date: **30 Jul 1953**

Issue Date: **12 Jul 2016**

002527403K

FOR C&C USE ONLY

4186799



S0151689B

Date of issue
11-03-2008

Address
**APT BLK 616 JURONG WEST STREET 65
#06-434
SINGAPORE 640616**

FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

EFFECTIVE DATE		
Class 2B	Motorcycles <= 200 cc	24 Nov 1962
Class 2A	Motorcycles between 201 cc and 400 cc	24 Nov 1962
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	15 Sep 1964

NP 426A

Licence No: S0151689B

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

