

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	11/05/2018 13:47
Date Of Accident	08/05/2018 18:00
Exact Location Of Accident	THOMSON RD, B4 SLIP RD ONTO PIE TWDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT8635S
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	-
Email Address	NATALBYVAN1996@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94756299
Alternative Phone No	OFFICE-94756299

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	999994694
Cover Note Number	

Driver

Name of Driver	BYVAN NATAL
NRIC No	S9646777Z
Date Of Birth	20/12/1996
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2016
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94756299
Fax Number	
Contact Number	OTHERS-94756299
Email Address	NATALBYVAN1996@HOTMAIL.COM

Address	1 AMBER ROAD #19-01
Postcode	439845
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	SIDE SWIPE
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: : OON YONG TAI, JEFFREY GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180508/2150

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GV5973K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOSSAIN MIYAD
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name BYVAN NATAL
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJT8635S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

DETAILS OF INJURED PERSON 2

Name OON YONG TAI, JEFFREY
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? SJT8635S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address
Postcode

Sketch Plan

SKETCH PLAN

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 rescind policy liability.
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 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:

 - (i) 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");
 - (ii) 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
 - (iii) 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;
 - (iv) 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;
 - (v) the information so collected under (i) 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.:

11/5/2018

Sketch Plan #2

Thomson Road before PIE (CHANGI) entrance

A: SST86355
B: GV59731a

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20180508/2150

DECLARATION

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

Policyholder
Date & Time:



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

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

11/5/2018

Sketch Plan #3

SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

T/20180508/2150
(2)

Driver			
Name	HOSSAIN MINYAD	ID No.	G6820258U
Related Vehicle	GV5973K (Lorry)	Contact No.	84626534
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	BYVAN NATAL	ID No.	S9646777Z
Related Vehicle	SJT8635S (Car)	Contact No.	88217211
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	OON YONG TAI, JEFFREY	ID No.	S9747488E
Related Vehicle	SJT8635S (Car)	Contact No.	96772111
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned time and date, I was driving my vehicle(SJT8635S) along Thompson road. As I was driving along Thompson Road, I was on the most left lane as I wanted to enter the slip road onto PIE towards Changi. However, there was another lorry(GV5973K) which was beside me on the right lane, was trying to cut into my lane. While cutting into my lane, the rear left portion of the lorry had collided onto the front right portion of my vehicle. After which, I had signaled to him to stop ahead and we stopped our vehicles at the slip road of PIE. Subsequently, I had alighted from my vehicle and I had discovered that there were dents and scratches on the front right portion of my vehicle. The rear left portion of the lorry was slightly dented. I had exchanged particulars with the lorry driver, and we came to an agreement for insurance settlement of this accident and we left the accident location afterwards.

After the accident, I felt that my neck and right arm was in pain and as such I had went to Healthplus Clinic

Sketch Plan #4

T/20180508/2150
(3)

SINGAPORE POLICE
Tel No: 1800-4439999

CONTINUATION OF REPORT

& Surgery clinic to seek medical assistance and I was given 3 days of MC. My passenger, Oon Yong Tai, Jeffrey had also felt pain in his neck area and had went to visit the same clinic and was also given 3 days of MC. My insurance company had informed me to lodge a police report. I would like to state that I had an in-car camera which had captured how the whole accident happened.

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



Police Report

Police Station of Origin
 Eunos NPP
 629 Bedok Reservoir Road #01-1620
 SINGAPORE 670629

T/20180508/2150

(17)

SINGAPORE 470023
 Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2018 19:45
 Vide Report No.:
 Station Diary No.: 38

Informant's Particulars

Name of Informant: BYVAN NATAL			Address: 1 AMBER ROAD #19-01 SINGAPORE 439845	
ID Type / ID No.: NRIC NO / S9646777Z			Contact No.: Home/Office:	Mobile: 88217211
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 20/12/1996	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: ADMIN			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/05/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
ALONG THOMSON ROAD, BEFORE SLIP ROAD ONTO PIE TOWARDS CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GV5973K	Lorry	TOYOTA		Silver	Slightly Damaged	3
SJT8635S	Car	VOLKSWAGO N	JETTA	Black	Seriously Damaged	1

Details of Person Involved

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

Police Report

T/20180508/2150
(2)

SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Driver			
Name	HOSSAIN MINYAD		ID No. G6820258U
Related Vehicle	GV5973K (Lorry)		Contact No. 84626534
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	BYVAN NATAL		ID No. S9646777Z
Related Vehicle	SJT8635S (Car)		Contact No. 88217211
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	OON YONG TAI, JEFFREY		ID No. S9747488E
Related Vehicle	SJT8635S (Car)		Contact No. 96772111
Hospital/Clinic	HEALTHPLUS CLINIC & SURGERY		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	08/05/2018	Date Discharge	08/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned time and date, I was driving my vehicle(SJT8635S) along Thompson road. As I was driving along Thompson Road, I was on the most left lane as I wanted to enter the slip road onto PIE towards Changi. However, there was another lorry(GV5973K) which was beside me on the right lane, was trying to cut into my lane. While cutting into my lane, the rear left portion of the lorry had collided onto the front right portion of my vehicle. Afterwhich, I had signaled to him to stop ahead and we stopped our vehicles at the slip road of PIE. Subsequently, I had alighted from my vehicle and I had discovered that there were dents and scratches on the front right portion of my vehicle. The rear left portion of the lorry was slightly dented. I had exchanged particulars with the lorry driver, and we came to an agreement for insurance settlement of this accident and we left the accident location afterwards.

After the accident, I felt that my neck and right arm was in pain and as such I had went to Healthplus Clinic

Police Report

T/20180508/2150
(3)

SINGAPORE 470049
Tel No: 1800-4439999

CONTINUATION OF REPORT

& Surgery clinic to seek medical assistance and I was given 3 days of MC. My passenger, Oon Yong Tai, Jeffrey had also felt pain in his neck area and had went to visit the same clinic and was also given 3 days of MC. My insurance company had informed me to lodge a police report. I would like to state that I had an in-car camera which had captured how the whole accident happened.

Police Report

T/20180508/2150
(4)

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 /
Sgt 2 LEE WEI LIANG



Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
08/05/2018 19:45

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE