

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	15/05/2018 17:26
Date Of Accident	14/05/2018 20:15
Exact Location Of Accident	TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9188P
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92276431

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G (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	999995058
Cover Note Number	

Driver

Name of Driver	SULAIMAN BIN ABDUL KADER
NRIC No	S1455812H
Date Of Birth	13/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/01/1981
Driving Experience	37 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92276431
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 521 BEDOK NORTH AVE 1 #09-302
Postcode	460521
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 - HEAD TO REAR
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT (ATTACH POLICE REPORT T/20180515/7021)

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	SHC2970B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 SULAIMAN BIN ABDUL KADER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLE9188P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLE9188P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

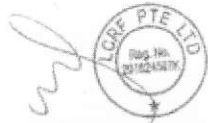
Postcode

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

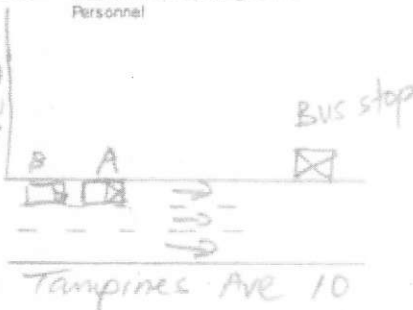
Witnessed by Reporting Centre Personnel

Sketch Plan

A = SLE 9188P
B = SHC 2970B
Ouh Yew Meng
S6927159F

CIVIL
DEFENCE

Tampines
Industrial
Ave 3



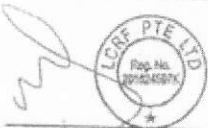
Sketch Plan #2

Describe Circumstances of the Accident

On 14/5/18 at 8:15pm I was travelling at Tanyes Ave/D
very slow traffic. Suddenly a n/taxi 5HC2970B hit onto
my rear portion. I feel unwell and consult doctor later

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

A handwritten signature of the driver.

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

A handwritten signature of the reporting centre personnel and the date 15/5/18.

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20180515/7021

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180515/7021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2018 21:19	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SULAIMAN BIN ABDUL KADER		Address: APT BLK 521 BEDOK NORTH AVENUE 1 #09-302 SINGAPORE 460521	
ID Type / ID No.: NRIC NO / S1455812H		Contact No.:	Mobile: 92276431
Nationality: SINGAPORE CITIZEN		Email: lemankader@gmail.com	
Sex: Male	Age: 57	Date of Birth: 13/12/1960	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Other car and light goods vehicle drivers nec		Driving Licence Information: Class: 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: 14/05/2018 20:00	Type of Location: Straight Road
Location: TAMPINES AVENUE 10 After junction of Tampines Avenue 10 and Tampines Ave 9, before bus stop. Towards TPE.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

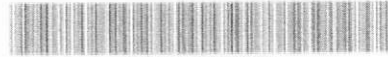
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC2970B	Car	HYUNDAI	Sonata	Blue	Seriously Damaged	1
SLE9188P	Car	HONDA	Shuttle	Black	Seriously Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180515/7021

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180515/7021

CONTINUATION OF REPORT

Driver			
Name	Ouh Yew Meng	ID No.	S6927159F
Related Vehicle	SHC2970B (Car)	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	SULAIMAN BIN ABDUL KADER	ID No.	S1455812H
Related Vehicle	SLE9188P (Car)	Contact No.	92276431
Hospital/Clinic	YSL BEDOK CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	15/05/2018	Date Discharge	15/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Ruhayah Binte Abdul Latiff	ID No.	S1646089C
Related Vehicle	SLE9188P (Car)	Contact No.	NIL
Hospital/Clinic	YSL BEDOK CLINIC & SURGERY PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/05/2018	Date Discharge	15/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14th May 2018 at about 2000hrs, I was driving my vehicle, a black Honda Shuttle SLE9188P, along Tampines Ave 10 towards TPE. My wife and my sister in law was with me. My vehicle was at the most left lane at that moment. My vehicle was approaching the bus stop beside the Industrial building when the vehicle in front of me braked all of a sudden. As a result, I jam braked and managed to stop in time. Right when my vehicle stop moving, I heard a bang and felt an impact from the back of my vehicle.

I got down from the vehicle and realised that a blue Comfort Taxi, SHC2970B, hit the rear of my vehicle. The driver, Ouh Yew Meng, also got down and apologised. He had a passenger in his taxi. As a result, the rear of my vehicle is badly damaged and the boot could not be closed at all. Also due to the accident, my wife felt pain on her shoulder and I had pain at the back of my neck. The taxi also has damage on his front bumper.

PR3



**SINGAPORE
POLICE FORCE**



T/20180515/7021

Police Station Of Origin:
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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180515/7021

CONTINUATION OF REPORT

I then exchanged particulars with the taxi driver and we both left the scene.

PR4



SINGAPORE
POLICE FORCE



T/20180515/7021

4 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180515/7021

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP158

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/05/2018 21:19

Classification Of Case: