

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	28/05/2018 14:33
Date Of Accident	25/05/2018 22:50
Exact Location Of Accident	PIE TOWARDS EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC6157J
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	HONDA
Model	VEZEL
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?	YES
If No, Please state action to be taken	
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	999995075
Cover Note Number	

Driver

Name of Driver	LOO KIA MING
NRIC No	S0054798J
Date Of Birth	09/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	26/03/1981
Driving Experience	37 YEARS AND 1 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	
E-Mail 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	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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 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

PLEASE REFER ATTACHED. THANK YOU.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD7441A
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB386G
Vehicle Make/Model/Colour
Details Of Properties VEH. C
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 MUHAMMAD IKHRAM BIN MANSOOR
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHB386G
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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6. The 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:

- (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:

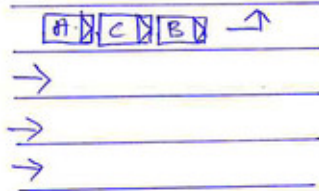
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN

- (A) SLC6157J
- (B) SJ07441A
- (C) SHB386G

PIE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report nr: T/20180526/2005.

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 Center Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180526/2005

1 of 4

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

Report No. T/20180526/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/05/2018 01:32		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LOO KIA MING			Address: 66 PUNGGOL WALK #05-33 A TREASURE TROVE , SINGAPORE 828783		
ID Type / ID No.: NRIC NO / S0054798J			Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 09/10/1954	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/05/2018 22:50	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TWDS EUNOS EXIT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB386G	Car	TOYOTA	PRIUS TAXI (SMRT)			0
SJD7441A	Car	TOYOTA	WISH 1.8 A			0
SLC6157J	Car	HONDA	VEZEL 1.5X CVT ABS D/AIRBAG 2WD 5DR			0



**SINGAPORE
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Report No. T/20180526/2005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD IKHRAM BIN MANSOOR	ID No.	S7920069G
Related Vehicle	SHB386G (Car)	Contact No.	
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	MUHAMAD NOR SHARIZAL BIN SABTU LEMAN	ID No.	NIL
Related Vehicle	SJD7441A (Car)	Contact No.	87814973
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	LOO KIA MING	ID No.	S0054798J
Related Vehicle	SLC6157J (Car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS DRIVING ON THE PAN ISLAND EXPRESSWAY IN MY VEHICLE, SLC6157J, ON THE EXTREME LEFT LANE. AS I WAS APPROACHING THE EUNOS EXIT, I CONTINUED DRIVING AS THERE DID NOT SEEM TO BE ANY PROBLEMS WITH THE TRAFFIC BUT TO MY SURPRISE, THE TAXI (SHB386G) THAT WAS INFRONT OF ME HAD ALREADY STOPPED. I DID NOT REALISE THAT THE TAXI WAS STATIONARY INFRONT OF ME AND I COULD NOT STOP IN TIME, WHICH LED TO A COLLISION BETWEEN THE MY VEHICLE AND THE REAR OF SHB386G.



**SINGAPORE
POLICE FORCE**



T/20180526/2005

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Traffic Police Division HQ
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Report No. T/20180526/2005

CONTINUATION OF REPORT

AFTER THE COLLISION, I ALIGHTED FROM MY VEHICLE IMMEDIATELY AND SAW THAT VEHICLE SJD7441A, THAT WAS INFRONT OF SHB386G, HAD ALSO BEEN INVOLVED IN THE ACCIDENT. I THEN PROCEEDED TO EXCHANGE PARTICULARS WITH THE OTHER DRIVERS. THE TRAFFIC POLICE AND THE AMBULANCE ARRIVED SHORTLY AFTER AND THE TAXI DRIVER WAS CONVEYED TO THE BY THE AMBULANCE AS HE COMPLAINED OF BEING IN PAIN. I WAS TOLD TO LOOK FOR IO ABDILLAH AT TRAFFIC POLICE BY THE POLICE OFFICERS.



**SINGAPORE
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T/20180526/2005

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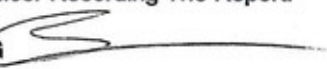
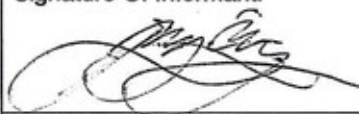


Report No. T/20180526/2005

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: TP / ZENG ZI CONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/05/2018 01:32
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	

NRIC AND LICENSE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0054798J



LOO KIA MING
卢家民
Race: CHINESE
Date of Birth: 09-10-1954 M
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0054798J
Name: LOO KIA MING

Birth Date: 09 Oct 1954
Issue Date: 24 Mar 2003




NRIC No: S0054798J



Valid Until: 21-07-2013

68 PUNGGOL WALK #05-33
SINGAPORE 826783
NRIC No: S0054798J Date: 28/08/2015

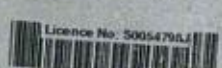
YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

BASIC DATE: 26 Mar 1981

NP 428A

Licence No: S0054798J



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



28 May 2018 at 2:25 PM

Accident Photo



Accident Photo

