#### 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 witholding 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	04/06/2018 15:22
Date Of Accident	02/06/2018 22:00
Exact Location Of Accident	TAMPINES AVENUE 10 SLIP ROAD TOWARDS TPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ4321R
Insured/Policyholder	
Name Of Registered Owner	CAR COVE LEASING PTE LTD
Co Reg No	_
Email Address	EDWIN@CARCOVE.COM.SG
Mobile Phone No	(LOCAL) +65-91085842
Alternative Phone No	OFFICE-91085842
Vehicle Particulars	
Manufacturer	BMW
Model	3201
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994935/100835161-00024
Cover Note Number	
Driver	

Name of Driver MOHAMMAD ZULHILMI BIN NOOR MOHAMMAD

NRIC No S9722144H Date Of Birth 02/07/1997 Occupation **OUTDOOR Date Of Driving Pass** 23/11/2017

**Driving Experience** 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91085842

Fax Number

**Contact Number** OTHERS-91085842

**EMail Address** EDWIN@CARCOVE.COM.SG Address BLK 232 COMPASSVALE WALK

#02-468

Postcode 540232

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? YES

Foreign Vehicle Registration Number CCP5415 (COMMERCIAL VEHICLE)

Number of vehicles involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

YES

NO

Police Station Address ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX

BLOCK A, **POSTCODE:** 088762, **COUNTRY**: SINGAPORE

Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20180604/2035

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 CCP5415
Vehicle Make/Model/Colour LORRY

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUHAMMAD AIZUDDIN BIN MUHAMMAD PIAH

NRIC/Passport Number A41224320
Contact Number +601110626217

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident 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 repudiate 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. 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)

Lunderstand, 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)
  - (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
- 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.
- 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.

Driver's Signature

(If driver is not the policyholder) Date & T

Date & Time:

Reporting Contre Personnel's Sig

NRIC/FIN N

# **Accident Sketch Plan**

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DECLARATION I/We declare the for	egoing particulars are true	in every respect.		/	166/2018
Policytolder's Synatte	tre Driver'	s Signature		Reporting Centre Person	
Date Time		er is not the policyhol	der)	Name: NRIC/FIN No.: Kg/	1 WATTAGS

### **POLICE REPORT**





1 of 3

Report No. T/20180604/2035

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762 Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT			Treat Books	Station Diary No.	
Date/Time Report Made: 04/06/2018 11:16			Vide Report No.:	34	
Informa	nt's Particu	lars	STARES AND DESCRIPTION	LINE SELECTIONS	
		IILMI BIN NOOR	Address: APT BLK 232 COMPASSVAL 540232	E WALK #02-468 SINGAPORE	
ID Type / ID No.: NRIC NO / S9722144H		44H	Contact No.: Home/Office:	Mobile: 91085842	
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 02/07/1997	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: CISCO officer			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 02/06/2018 10:00	Type of Location Bend	
TAMPINES A	Traveling Toward Road VENUE 10 XPRESSWAY			Road Speed Limit:	
Troutino.		Road Surface: Dry		101.000.000.000.000.000.000.000.000.000	
Traille From:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Traffic Flow: One Way		1401 00111101100		Anyone conveyed by	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
CCP5415	Lorry			Green	No Damage	0
SLQ4321R	Car	BMW	3201	Blue	Slightly Damaged	0

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

#### POLICE REPORT





2 of 3

Report No. T/20180804/2035

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

CONTINUATION OF REPORT

Driver					0	DESCRIPTION OF THE PARTY.
Name	MOHAMMAD ZULHILMI BIN NOOR MOHAMMAD			ID No		S9722144H
Related Vehicle	NIL			Conta	ct No.	91085842
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3A Date of Expiry: NIL
Date Treatment	NIL Date Di			scharge	NIL	
No. of Days granted Medical Leave NIL		NIL		of Injury		

#### Brief Details.

On the 02/06/2018 at about 1000hrs, I was driving my rental car (SLQ4321R) along Tampines Ave 10 towards TPE. While travelling towards TPE, the traffic of the road was jammed, the lorry (CCP5415) right behind me could not able to stop in time and collision onto my rental car's back bumper. After which I tried to stop by to take a picture of the damages caused but the driver moved forward and bang onto my car's back bumper again. Both of us was then stopped by at the side to exchange particulars (Muhamad Aizuddin Bin Muhammad Piah, A41224320, +601110626217), he told me that he does not have money to pay and asked me to drive my rental car back to Malaysia so he can repair it for me for free. After which I drove my rental car back to the car company and I was told to lodged a traffic accident report on 04/06/2018.

#### POLICE REPORT





3 of 3

Report No. T/20180604/2035

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762 CONTINUATION OF REPORT
Tel No: 1800-2369999

# 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: A / Sgt 2 CHERN YAN NI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2018 11:16
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp NP168 Signature Singapore Police F	

























