

## 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	07/06/2018 14:33
Date Of Accident	06/06/2018 15:10
Exact Location Of Accident	JURONG WEST AVE 5 TURNING TO JLN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLL953U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597k
Email Address	REPORTING@AUTOINSURE.COM.SG
Mobile Phone No	
Alternative Phone No	Office-31572626

<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995011
Cover Note Number	

<b>Driver</b>	
Name of Driver	MUHAMMAD KHALEELULLAH BIN MOHAMED ABDULLAH
NRIC No	S8727456Z
Date Of Birth	17/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	08/02/2013
Driving Experience	5 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90101675
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 158 WOODLANDS ST 13 #06-711
Postcode	730158
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?	NO
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: : NA Gender: : Female

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	<b>ROAD:</b> 3 WOODLANDS DRIVE 63 , <b>POSTCODE:</b> 737890 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT

#### 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	SHA9034T
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	TAXI
Name of Driver	LAI WENG HAU
NRIC/Passport Number	S7730440A
Contact Number	92453680
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan



**SINGAPORE  
POLICE FORCE**



T/20180607/2080

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 3

Report No. T/20180607/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2018 13:02		Vide Report No.:		Station Diary No.: 82	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD KHALEELULLAH BIN MOHAMED ABDULLAH			Address: APT BLK 158 WOODLANDS STREET 13 #06-711 SINGAPORE 730158		
ID Type / ID No.: NRIC NO / S8727456Z			Contact No.: Home/Office: Mobile: 90101675		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 17/08/1987	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 06/06/2018 15:10	Type of Location: Bend
Location: Junction of Road 1 and Road 2 JURONG WEST AVENUE 5 JALAN BAHAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Pedestrian Crossing	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
SLL953U	Car	MITSUBISHI		Silver	Slightly Damaged	1

## Details of Person Involved

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



**SINGAPORE  
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T/20180607/2080

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Police Station Of Origin:  
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3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

Report No. T/20180607/2080

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	MUHAMMAD KHALEELULLAH BIN MOHAMED ABDULLAH		ID No.	S8727456Z
Related Vehicle	SLL953U (Car)		Contact No.	90101675
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	
<b>Driver</b>				
Name	LAI WENG HAU		ID No.	S7730440A
Related Vehicle	NIL		Contact No.	92453680
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	

**Brief Details.**

On 06/06/2018 at around 1510hrs, I was driving my car SLL953U along Jurong West Avenue 5 turning onto Jalan Bahar with one pregnant passenger and was stopped behind a yellow taxi of unknown car plate number before a pedestrian crossing. When the yellow taxi moved ahead, I moved along with it while looking onto my right for oncoming traffic. As such, I did not notice that the yellow taxi had stopped and bumped into the rear of his car. My car plate suffered a minor dent and the taxi only had a few minor scratches on the rear bumper. No one was injured. I managed to exchange particulars with the taxi driver and we both drove off afterwards.

**Accident Sketch Plan**



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Report No. T/20180607/2080

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/ CLEVERENO DARINI SAM WEI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 07/06/2018 13:02
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	

Accident 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:

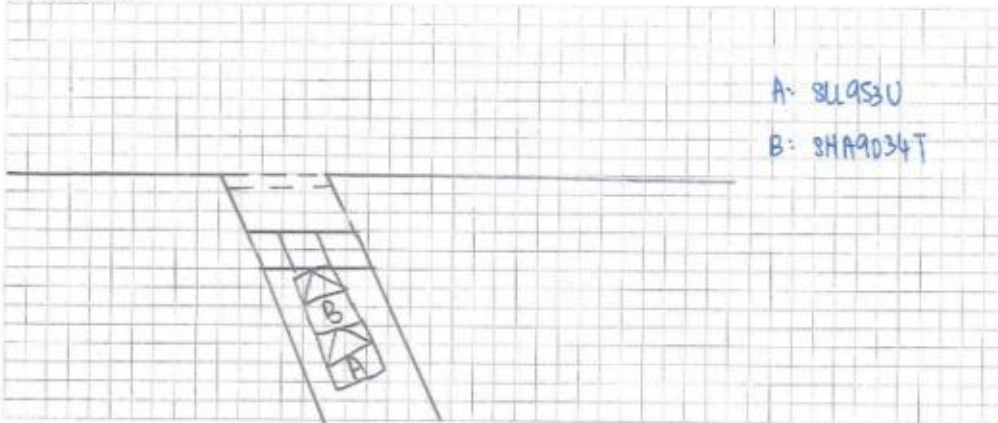
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 07/Jun/2018

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

14:05

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refers to Police Report

T/ 2018 0607 / 2080

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:

7 Jun 2018  
14:05

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



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8727456Z



Name

MUHAMMAD KHALEELULLAH BIN  
MOHAMED ABDULLAH

முஹம்மது கலீலுல்லாஹ்

Race  
INDIAN

Date of birth  
17-08-1987

Country/Place of birth  
SINGAPORE

Sex  
M

S8727456Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8727456Z

MUHAMMAD KHALEELULLAH  
BIN MOHAMED ABDULLAH

Exp Date 17 Aug 1987

Issue Date 08 Feb 2013



5842839  
Licence No. S8727456Z



Date of issue  
22-12-2017

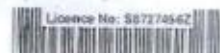
Address

APT BLK 158 WOODLANDS STREET 13,  
#05-711  
SINGAPORE 730158

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars < 3500kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 3500kg 08 Feb 2013



Licence No: S8727456Z

HP 428A

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





## Driving License



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

