

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	11/06/2018 15:00
Date Of Accident	08/06/2018 20:25
Exact Location Of Accident	ALONG JALAN HAJI ALIAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ519B
Insured/Policyholder	
Name Of Registered Owner	AZHAR BIN ABDUL SALAM
NRIC No	S6920511I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98512034
Alternative Phone No	OTHERS-98512034

Vehicle Particulars

Manufacturer	SUBARU
Model	XV-1.6 I-S AWD CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	2100390581-03
Cover Note Number	

Driver

Name of Driver	AZHAR BIN ABDUL SALAM
NRIC No	S6920511I
Date Of Birth	07/07/1969
Occupation	INDOOR
Date Of Driving Pass	16/08/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98512034
Fax Number	
Contact Number	OTHERS-98512034
EEmail Address	NOEMAIL

Address	BLK 103 CLEMENTI STREET 14 #03-121
Postcode	120103
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180609/2026

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 Witness 1

Name	MIRA
Phone Number	94899783
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY5050Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

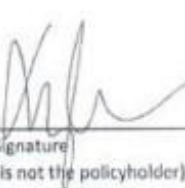
IMPORTANT NOTICE

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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)**

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

Accident Sketch Plan

SKETCH PLAN

Sketch Plan area with grid lines. Handwritten notes include:

- Jalan Haji Alias
- Stationary (with a small diagram of a vehicle labeled 'A')
- ① SKQ 514B
- ② SJY 5050Y

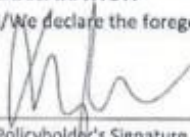
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident area with grid lines. Handwritten note:

- Refer to Police Report No: P/20180609/2026

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 Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180609/2026

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20180609/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/06/2018 08:48	Vide Report No.:	Station Diary No.: 46
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Informant's Particulars

Name of Informant: AZHAR BIN ABDUL SALAM			Address: APT BLK 103 CLEMENTI STREET 14 #03-121 SINGAPORE 120103	
ID Type / ID No.: NRIC NO / S6920511I			Contact No.:	Mobile: 98512034
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email: azharabdulsalam@hotmail.com	
Sex: Male	Age: 48	Date of Birth: 07/07/1969	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: Polytechnic lecturer			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 08/06/2018 20:25	Type of Location: Straight Road
Location: Along Road 1 JALAN HAJI ALIAS				
Vehicle was parked along the side of the road.				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJY5050	Car					0
SKQ519B	Car	SUBARU	XV 1.6i AWD CVT	Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKQ519B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100390581-03	30/10/2017	29/10/2018

POLICE REPORT



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T/20180609/2026

Police Station Of Origin:
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Tel No: 1800-2949999

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Report No. T/20180609/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Unknown	ID No.	NIL
Related Vehicle	SJY5050 (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	AZHAR BIN ABDUL SALAM	ID No.	S69205111
Related Vehicle	SKQ519B (Car)	Contact No.	98512034
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,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 8 June 2018 at about 2015h I parked my vehicle along the side of Jalan Haji Alias in order to go to the mosque nearby. I usually park along this road whenever I go to the mosque.

I returned to the vehicle at about 2130h with others from the mosque. Some of them alerted me that there was a note left on my windscreen. The note was left by a passerby and stated that the passerby had witnessed another vehicle hit my car and then drive off. The note stated that the witness believed the license plate number of the said vehicle was SJY 5050 however she could not be sure, and that the accident occurred at 2023h. The witness also stated in the note that she would be willing to act as a witness and left her mobile number (+65 9489 9783).

After reading the note I inspected the car and found damage to the bodywork of my car around the rear right wheel. I observed no other damage to the car's bodywork or its functionality apart from this. I wish to lodge this report for insurance purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180609/2026

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180609/2026

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:

A /
ASP JOSHUA EBENEZER JESUDASON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/06/2018 08:48

Officer In Charge Of Case:

TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Classification Of Case:

Authentication Stamp
NP188

NOTE

if you
want to
lodge police report,
I can be your
witness.

Mira.
+65-9489 9783.

I witnessed
white car
plate number

SJY 5050

↓
I think (he quickly
ran off)

hit your car today
8 Jun 2018 (a) 20.23 pm.
across 48A Haji Alias.

can 4/06/2018
Reel: 48A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

