

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	18/06/2018 12:12
Date Of Accident	17/06/2018 09:35
Exact Location Of Accident	BUKIT BATOK WEST AVENUE 3 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB2965L
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM BIN MARIMOH
NRIC No	S0147405G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83661740
Alternative Phone No	OTHERS-84818488

Vehicle Particulars

Manufacturer	NISSAN
Model	SYLPHY-1.5 4AT ABS D/AB 2WD 4DR (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	2100258217-07
Cover Note Number	

Driver

Name of Driver	SHAHUL BIN ISMIN
NRIC No	S7516746F
Date Of Birth	07/06/1975
Occupation	INDOOR
Date Of Driving Pass	25/06/1997
Driving Experience	20 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84818488
Fax Number	
Contact Number	OTHERS-83661740
Email Address	NOEMAIL

Address	BLK 115 POTONG PASIR AVENUE 1 #01-898
Postcode	350115
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG POLICE DIVISIONAL HQ ('J' DIVISION)
Police Station Address	ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7910000 - FAX NO: 68965649
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO NEW POLICE REPORT T/20180620/7021

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	SLB7305Y
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH WEI HAO JEREMY
NRIC/Passport Number	S8315860C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	SHAHUL BIN ISMIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKB2965L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)

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:

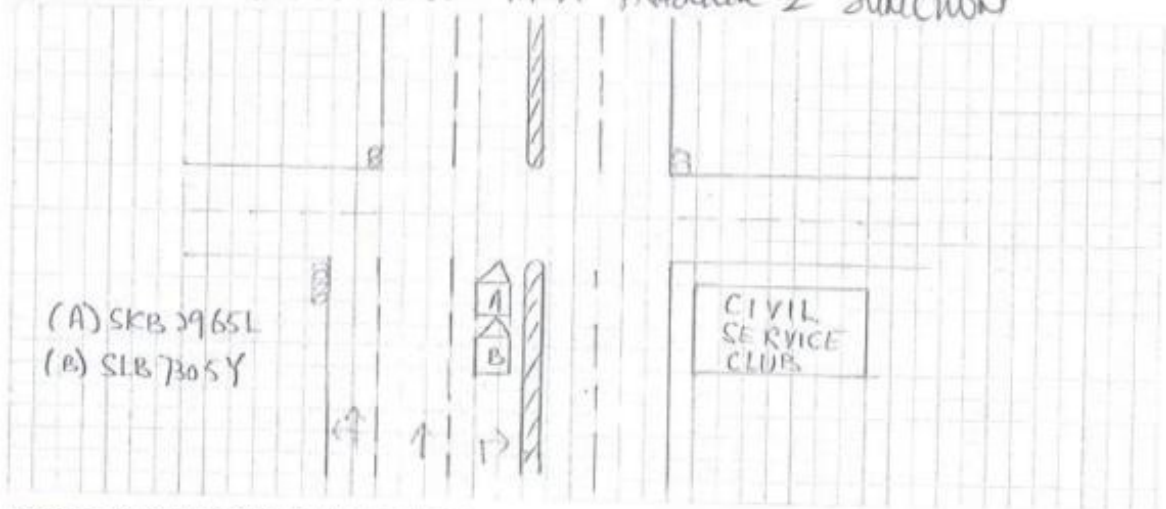

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

BUKIT BATOK WASH AVENUE 2 JUNCTION



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report (Report No. J/20180617/7024)

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**



J/20180620/7021

1 of 2

POLICE REPORT (NP299)

Report No. J/20180620/7021

Police Station Of Origin
Jurong Police Divisional HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made 20/06/2018 16:20	Vide Report No.	Station Diary No.
Name Of Informant SHAHUL BIN ISMIN	Address APT BLK 115 POTONG PASIR AVENUE 1 #01-898 SINGAPORE 350115	
ID Type / ID No. NRIC NO / S7516746F	Contact No. Home/Office: Mobile: 84818488	
Nationality SINGAPORE CITIZEN	Email Address shahul.ismin@gmail.com	
Occupation School counsellor	Sex Male	Age 43
Institution/School Name:	Date of Birth 07/06/1975	Race Boyanese
Date/Time Of Incident 17/06/2018 09:37 - 17/06/2018 09:40	Location Of Incident 626 BUKIT BATOK CENTRAL HDB-BUKIT BATOK SINGAPORE 650626	

Brief details.

Amendment to report no J/20180617/7024

On Sunday 17 June 2018 at around 0937 hrs while stopping my vehicle of make and model Nissan Slyphy bearing registration number SKB2965L at a controlled traffic light junction on a red light between Bukit Batok West Avenue 3 and Bukit Batok West Avenue 6 and while waiting for the traffic light to change to my favour, i suddenly felt a bang and my car that im in came to a jerk. I opened my car door to

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2018 16:20
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20180620/7021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180620/7021

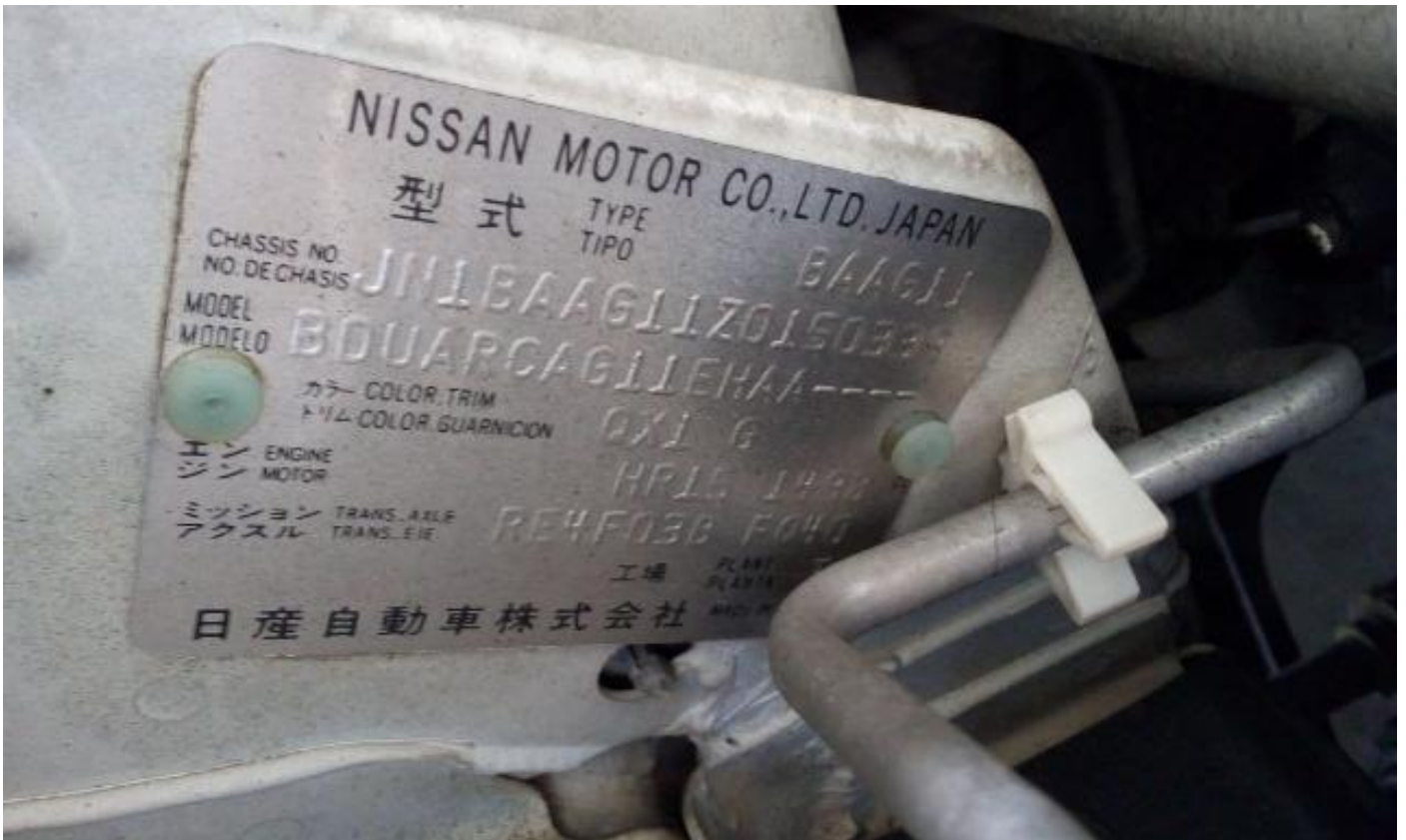
inspect and found that a car bearing registration number SLB7305Y of Make / Model Mazda 3 dark grey in colour had hit the rear of my car which results in some cracks and part of the rear bumper of my car came off. The driver of the Mazda Vehicle namely Toh Wei Hao Jeremy of NRIC number S8315860C was behind the steering wheel at the time of the accident. There were no physical injury seen at the point of accident and we exchange particular for insurance claim purposes before we parted. The road condition at the point of accident is dry and the weather is clear.

However, on night of 18 June 2018 I felt sharp pain at the back of my neck and lower back of my body. I decided to visit the doctor on the following day 19 June 2018 to examine and was later awarded with 3 days MC by the doctor. Photo's of accident was attached to report J/20180617/7024

This report is for record purposes only. No further police assistance is required

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/06/2018 16:20
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM


(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418078046 Vehicle Registration No: SKB 2765L
Name (as shown in NRIC) : ABDUL RAHIM BIN MAHIMOH NRIC/FIN/Passport No : 501474056
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 115 POTONG PASIR AVE 1 #01-898 Singapore (350115)
Contact (Tel) : 83661740 Mobile No. : 83661740
Email Address : _____
Date of Accident : 17 JUN 2018 Time of Accident : 09 35
Place of Accident : BUKIT BAJAR WEST AVE 3 JUNCTION
Insurance Company : ALL ASIA PACIFIC INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WSH DO ADDENDUM POLICE REPORT NO J/20180620/7021


Policyholder / Driver's Signature
Date: _____

 21/06/2018
Reporting Centre Personnel's Signature
Name: ROSELI WARDEN
NRIC/FIN No.: _____
Date: 21