

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	16/07/2018 17:29
Date Of Accident	15/07/2018 17:15
Exact Location Of Accident	LENTOR AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM4754U
Insured/Policyholder	
Name Of Registered Owner	MARIC MARKETING PTE LTD
Co Reg No	201620700D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64524300

Vehicle Particulars

Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994659
Cover Note Number	

Driver

Name of Driver	ERMAN BIN HAMIN
NRIC No	S8813487G
Date Of Birth	18/04/1988
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2012
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87993401
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 224 ANG MO KIO AVE 1 #04-543
Postcode	560224
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?	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)	5
Passenger 1	NAME: : QUAH YI SHIN EASON GENDER: : MALE
Passenger 2	NAME: : NOR FIRMAN ASHAR GENDER: : MALE
Passenger 3	NAME: : NOR IMAN RAMADHANI GENDER: : MALE
Passenger 4	NAME: : NURABDAH BTE MOHAMED GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 321 ANG MO KIO STREET 31 , POSTCODE: 560321 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4599999 - FAX NO: 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180715/2087

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKL7927L
Vehicle Make/Model/Colour	
Details Of Properties	
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	ERMAN BIN HAMIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJM4754U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	QUAH YI SHIN EASON
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJM4754U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	NOR FIRMAN ASHAR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJM4754U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 4

Name	NOR IMAN RAMADHANI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJM4754U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name NURABDAH BTE MOHAMED

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? SJM4754U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

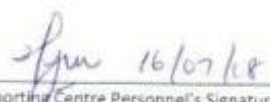
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.

Maric Marketing Pte Ltd
Co Reg No 201620700D
9 Tampere Lane #03-04
Singapore 787472
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

Vehicle A/ SJM47544
Vehicle B/ SKL 7927L
Lentor Ave.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

Passenger 1 : Quah Y. Shin Eason (m)
Passenger 2 : Nor Firman Ashar (m)
Passenger 3 : Nor Iman Ramadhani (m)
Passenger 4 : Nurabidah Bte Mohamed (Female).

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Maric Marketing Pte Ltd
Co Reg No 201620700D
9 Tanjong Pagar Road #03-04
Singapore 0687472

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

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

Q489AC Sketch Plan Form V.8

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180715/2087

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

2 of 3

Report No. T/20180715/2087

CONTINUATION OF REPORT

Driver			
Name	ERMAN BIN HAMIN		ID No. S8813487G
Related Vehicle	SJM4754U (Car)		Contact No. 87993401
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
Driver			
Name	MALE DRIVER		ID No. NIL
Related Vehicle	SKL7927L		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

Brief Details.

On 15/07/2018 at about 1713hrs, I was driving vehicle bearing SJM4754U along Lontor Avenue towards Yio Chu Kang and there was one vehicle bearing SKL7927L. We were approaching a traffic junction and when the traffic turns green, I horned at him and he suddenly reversed back and rammed onto the front of my vehicle.

After which he drove off and pointed middle finger. Subsequently, when we reached another traffic junction, he opened up his driver door and pointed middle finger at us as well. After which he drove off.

I wish to state that I have a in-car camera and this is the first time such incident had happened. There is a small scratch at the front of my vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180715/2087

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

1 of 3

Report No. T/20180716/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2018 17:46	Video Report No.:	Station Diary No.: 28
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Informant's Particulars

Name of Informant: ERMAN BIN HAMIN			Address: APT BLK 224 ANG MO KIO AVENUE 1 #04-543 SINGAPORE 560224		
ID Type / ID No. NRIC NO / S8813487G			Contact No. Home/Office: Mobile: 87993401		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth 18/04/1988	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: GRAB CAR DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/07/2018 17:15	Type of Location: Straight Road
Location: Along Road 1 LENTOR AVENUE Towards Yio Chu Kang MRT			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SJM4754U	Car				Slightly Damaged	4
SKL7927L						0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180715/2087

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
580321
Tel No: 1800-4599999

2 of 3

Report No. T/20180715/2087

CONTINUATION OF REPORT

Driver			
Name	ERMAN BIN HAMIN		ID No. S8813487G
Related Vehicle	SJM4754U (Car)		Contact No. 87893401
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
Driver			
Name	MALE DRIVER		ID No. NIL
Related Vehicle	SKL7927L		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

Brief Details.

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Police Report



SINGAPORE
POLICE FORCE



1/20180715/2087

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4598989

3 of 3

Report No. 1/20180715/2087

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: F / Sgt 1 YEE JIA WEI JONATHAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2018 17:46
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	Classification Of Case:  SN 055
Authentication Stamp NP158	 Signature  Singapore Police Force