

## 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	09/07/2018 11:06
Date Of Accident	29/06/2018 15:40
Exact Location Of Accident	BUKIT BATOK RD TOWARDS CHOA CHU KANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF6928K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584264

### Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	RAFIDAH BINTE ISHAK
NRIC No	S7826152H
Date Of Birth	13/09/1978
Occupation	INDOOR
Date Of Driving Pass	06/01/2001
Driving Experience	17 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82914521
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	SIDE SWIPE
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?	YES
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: : NADIRAH NUR SYAIRAH BINTE MOHAMED FUHAD GENDER: : FEMALE
Passenger 2	NAME: : NADRA NUR ZAHIRAH BINTE MOHAMED FUHAD GENDER: : FEMALE
Passenger 3	NAME: : MOHAMED FATRIZ RIZQI BIN MOHAMED FUHAD GENDER: : MALE
Passenger 4	NAME: : MOHAMED FARIZ RIFQI BIN MOHAMED FUHAD GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508
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	XE3517X
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Vehicle Make/Model/Colour	RED TIPPER TRUCK
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE KOK LEONG
NRIC/Passport Number	S1758947D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	RAFIDAH BINTE ISHAK
Approximate Age	
Injuries Sustain	NECK CONTUSION ITRAUMATIC OF FOREARM/HYPOKALEMIA
Injured person in which vehicle?	SLF6928K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:

9 JULY 2018 / 0845 HRS

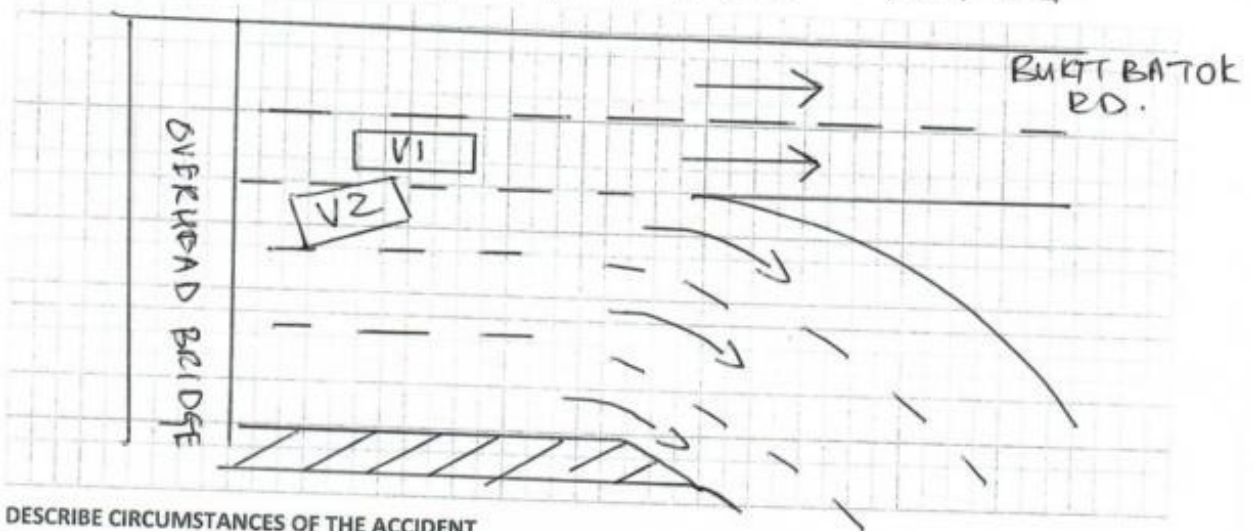


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

SKETCH PLAN

## HEAVY VEHICLE PARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/06/2018 at about 1530hrs - 1540 hrs, I am driving a rented car - V1 (SLF6928K) with my 4 children mentioned below along Bukit Batok Road, towards Choa Chu Kong at the second lane from the left. On my right are three lanes turning right to Bukit Batok West Ave 3. After the overhead bridge, I felt an impact from the driver side causing V1 to spin about twice before it came to a stop at the center of the road. I then regain control of V1 and managed to park it at the side of the road. A tipper truck, V2 (XE3517X) was stopped in front of me. I made a check on my children and all of them in a state of shock. When I went to retrieve my particulars, I realise the door at the driver side were badly dented and the bumper was also damaged. While waiting for the emergency services to arrive, V2 told me he did not see V1. Ambulance came and conveyed me to Ng Teng Fong General Hospital. There is in car camera installed inside V1, however it had been override and did not capture the incident.

### 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:

9 JULY 2018 / 1845HRS



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



Accident Photo



Accident Photo



## Driving License





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo









Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





## Police Report



**SINGAPORE  
POLICE FORCE**



1/20180703/2108

1 of 4

Report No. 1/20180703/2108

Police Station Of Origin:  
Hong Kah North NPP  
37D Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5678999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/07/2018 17:49		Vide Report No.:		Station Diary No.: 38	
<b>Informant's Particulars</b>					
Name of Informant: RAFIDAH BINTE ISHAK			Address: APT BLK 333 BUKIT BATOK STREET 32 #04-241 SINGAPORE 650333		
ID Type / ID No.: NRIC NO / S7826152H			Contact No.: Home/Office: Mobile: 82914521		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 39	Date of Birth: 13/09/1978	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/06/2018 15:40	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD				
ALONG BUKIT BATOK ROAD TOWARD CHOA CHU KANG ROAD NEAR HEAVY VEHICLE PARK				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF6928K	Car	KIA	FORTE K3	Silver	Totally Damaged	4
XE3517X	TRUCK				No Damage	0

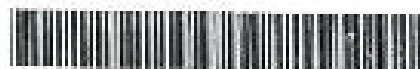
## Details of Person Involved

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

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180709/2108

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5579999

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Report No. T/20180709/2108

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	MOHD FATRIZ RIZQI MOHAMED FUHAD	ID No.	T1332866A
Related Vehicle	SLF8928K (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Passenger</b>			
Name	NADRA NUR ZAHIRAH BINTE MOHAMED FUHAD	ID No.	T1128457Z
Related Vehicle	SLF8928K (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Driver</b>			
Name	RAFIDAH BINTE ISHAK	ID No.	S7828152H
Related Vehicle	SLF8928K (Car)	Contact No.	82914521
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	05/07/2018
No. of Days granted Medical Leave	22	Degree of Injury	Slight
<b>Passenger</b>			
Name	FARIZ RIFQI BIN MOHAMED FUHAD	ID No.	T1800136A
Related Vehicle	SLF8928K (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018	Date Discharge	29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180706/2109

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5678999

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Report No. T/20180706/2109

## CONTINUATION OF REPORT

Passenger			
Name	NADIRAH NUR SYAIRAH BINTE MOHAMED FUHAD		ID No. T0611781Z
Related Vehicle	SLF8828K (Car)		Contact No. NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	29/06/2018		Date Discharge 29/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details.

On 29/06/2018 at about 1530hrs-1540hrs, I am driving a rented car, V1) SLF8828K with my 4 children mentioned below along Bukit Batok Road toward Choa Chu Kang Road at the second lane from the left. Suddenly I felt an impact from the driver side causing V1 to spin about twice before it came to a stop at the center of the road. I then regain control of V1 and managed to park it at the side of the road. A tipper truck, V2) XE3517X was stopped in front of me and the driver asked for my particulars. I made a check on my children and all of them was in a state of shock and puzzled. When I went to retrieve my particulars, I realise both the door at the driver side were badly dented.

My husband who was at work called the police on my behalf. I called for the ambulance. While waiting, I asked V2 what happened and he told me that he did not see V1.

The ambulance then came and made a check and informed that my children were fine however advised to monitor. Minutes after the ambulance came, I felt pain on the left side of my body especially my neck, shoulder and numbness in my fingers. The ambulance then conveyed me to Ng Teng Fong General Hospital. I was warded for 8 days from 29/06/2018 till 06/07/2018 and was given hospital leave from 29/06/2018 till 20/07/2018.

Subsequently, my husband brought all my children to made a check on Mount Alvernia Hospital and all 4 of them were given 4 days of MC for to trauma.

There is in car camera installed inside V1, however it had been override and did not captured the incident.

Police Report



**SINGAPORE  
POLICE FORCE**



T/20180706/2108

Police Station Of Origin:  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No: 1800-5679988

4 of 4

Report No. T/20180706/2108

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 / Sgt 2 TAN HUAY HOCK	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 06/07/2018 17:49
Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDULLAH Contact No.: 65476355	Classification Of Case:
 Authentication Stamp Singapore Police Force	



# Identification Card

