MWA118097965 / World Auto Pte Ltd - HQ ENTRY DATE & TIME: 30/07/2018 12:23 SUBMITTED BY: Wong Yin Cheng

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

- 1. Please report <u>correctly</u> 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 witholding 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.

By the lodgement of this report to the insurers, you hereby conse aforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/07/2018 12:23
Date Of Accident	27/07/2018 07:30
Exact Location Of Accident	KPE (ENTRANCE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH4549Z
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-86133469
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (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	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	999994926
Cover Note Number	
Driver	
Name of Driver	SITI NURHAYATNI BINTE MOHAMAD SANI
NRIC No	S8231105Z
Date Of Birth	22/09/1982
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2002

16 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-86133469

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 420 TAMPINES ST 41 #09-120

Postcode 520420

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

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General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TAMPINES NORTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 461 TAMPINES STREET 44 #01-56, POSTCODE: 520461,

COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-7818999 - **FAX NO**: 67838603

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20180727/2092

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFV6669U

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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC4126J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

Approximate Age Injuries Sustain

Injured person in which vehicle? SLH4549Z

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode



SKETCH PLAN

IMPORTANT NOTICE

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- 4. The issue and acceptance of this Formby 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 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.
- 5. 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' law yers/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
- (ii) investigating the accident and/or my claims;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's-Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre

Sketch Plan

KPE (Entrana)

A = 5LH 45492 B=SFV66694

Yeo Gay Say

C = St-1C4126T

Attach	POLICE KAN	1/20/20	17712092		
71.10.01	Police Reput	1/201001	CHECKE	-	
	151				
				12	
		_			

Declaration

IWe 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

Witnessed by Reporting Centre Personnel





T/20180727/2092

Police Station Of Origin: Tampines North NPP

461 Tampines Street 44 #01-56 SINGAPORE

520461

Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Report No. T/20180727/2092

Date/Time 27/07/201	e Report N 18 16:17	Made:	Vide Report No.:	Station Diary No.: 28
Informan	t's Partic	ulars		
	nformant: HAYATNI AD SANI		Address: APT BLK 420 TAMPINES ST 520420	REET 41 #09-120 SINGAPORE
ID Type / NRIC NO	ID No.: / S82311	05Z	Contact No.: Home/Office:	Mobile: 86133469
Nationality		EN	Email:	
Sex: Female	Age: 35	Date of Birth: 22/09/1982	Type of Informant: Driver	* _ * _
Race: Malay			Language:	Institution / School Name:
Occupation: VISA OFFICER		.y. 1	Driving Licence Information: Class: Date of Expiry:	

Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 27/07/2018 07:30	Type of Location
Location: Along Road 1 AIRPORT RO Towards KPE Weather:			d Surface:		Road Speed Limit:
Clear		Dry	a Gariago.		rtoud opeca Errit.
Oleai	Traffic Flow: Traffic Control				
		Traff	ic Control:		Traffic Volume: Moderate

Details of V	ehicle Involv	ed		The second second		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFV6669U	Car	-*				0
SHC4126J	Car -					0
SJA922R	Car		-			0
SJD8412C	Car					0
SLG4295K	Car	7 7	1		1	0





Police Station Of Origin: Tampines North NPP

Report No. T/20180727/2092

2 of 3

461 Tampines Street 44 #01-56 SINGAPORE

CONTINUATION OF REPORT

Tel No: 1800-7818999

Details of V	ehicle Invo	ived				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLH4549Z	Car					0
SLK5541Y	4					0
SLN283J						0

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL.		Use of	Pedestriar	Cross	ing: NA
Driver						
Name	SITI NURHAYATNI BINTE MOHAMAD SANI			ID No	+	S8231105Z
Related Vehicle	SLH4549Z (Car)			Conta	ct No.	86133469
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	27/07/2018	times and	Date D	ischarge	27/07	/2018
No. of Days gran	ted Medical Leave	04	Degree	e of Injury	Slight	

Brief Details.

On 27/7/2018 at about 0730hrs, I was driving my vehicle A1 (SLH4549Z) along airport road towards KPE Tunnel entrance on the first lane. As I was entering the tunnel, the vehicle A2 (SHC4126J) which was ahead of me suddenly jammed brake and I follow suit and managed to stop my vehicle on time, when suddenly my vehicle was hit from the rear. This cause my vehicle to surge forward and collided onto the rear of A2. I realized that A3 (SFV666U) had collided onto my rear and we all came down to make a check. I also realize that A2 was actually involved in the chain collision which involves the other vehicles. The impact also cause my vehicle front and rear to be badly dented.

Afterwhich I felt unwell and proceed to CGH and was given a 4 days MC for suffering injuries to my chest and shoulder area due to an undisplaced rib fracture. I also wish to state that my vehicle has a onboard CCTV and I had yet to bring over to the vehicle rental company for review.

Particulars of A3: Yeo Grey Seng, S1337105I.





Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461 CONTINUATION OF REPORT

Report No. T/20180727/2092

Tel No: 1800-7818999

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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: G / Sgt 2 HO CHUN HAO, PATRICK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/07/2018 16:17
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220	
Authentication Stamp NP168	SIGNATURE

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8231105Z



Name

SITI NURHAYATNI BINTE MOHAMAD SANI

سيتي نورحايتني بنت بحمد ساني Rooo MALAY

0

MALAY Date of birth 22-09-1982 CountryPtisco of birth SINGAPORE

Sex

\$82311052







































