

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	10/08/2018 16:14
Date Of Accident	09/08/2018 04:30
Exact Location Of Accident	ALONG CLEMENCEAU AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5253C
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	-
Email Address	SALAMSUHAIMI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96738741
Alternative Phone No	OFFICE-96738741

Vehicle Particulars

Manufacturer	HONDA
Model	FREED
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994528/100863823
Cover Note Number	

Driver

Name of Driver	SUHAIMI BIN SALAM
NRIC No	S7426412C
Date Of Birth	01/09/1972
Occupation	OUTDOOR
Date Of Driving Pass	24/03/2003
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738741
Fax Number	
Contact Number	OTHERS-96738741
Email Address	SALAMSUHAIMI@GMAIL.COM

Address	BLK 9 TECK WHYE LANE #12-242
Postcode	680009
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	2
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20180809/2029

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA988A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	HO VIN MENG
NRIC/Passport Number	S1491144H
Contact Number	96857291
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :
Passenger 2	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1	
Name	SUHAIMI BIN SALAM
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLP5253C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.



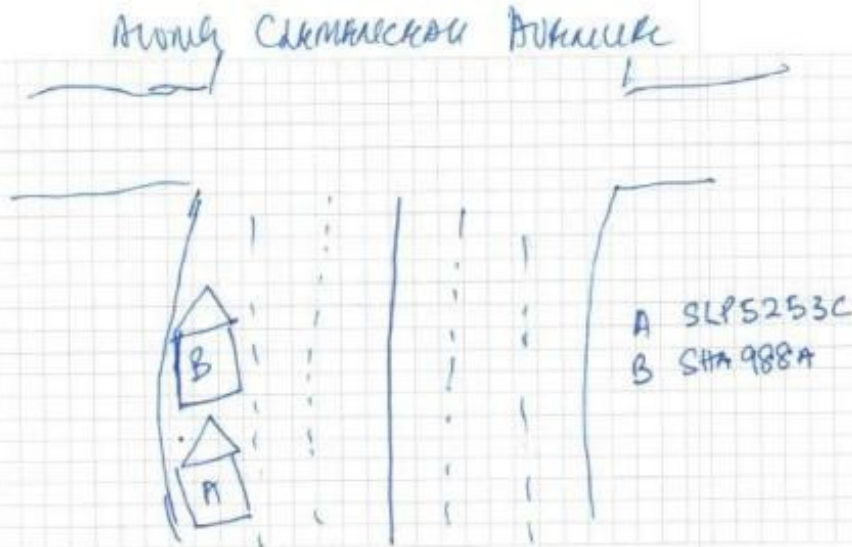
Policyholder's Signature
Date & Time:

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

10/08/2016
Reporting Centre Personnel's Signature
Name: *Rosli Watan*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/08/2018 around 04.30hrs, I was traveling on my vehicle (SLP5253C) along Clementine Ave heading towards River valley Road. I was heading to Clark Quay to pick up passenger. As I was proceeding towards the traffic light junction between Clementine Ave and river valley Road, I filter to the left most lane in order to make a left turn. At the point of time, there was no other vehicle other than a vehicle (SHA988A) in front of me without hazard light or break light. As such I proceeded as normal. As I proceed nearer, I notice the vehicle was not moving. I tried to brake and however was not in time. My vehicle subsequently collided to the vehicle rear. My air bag was deployed due to the impact. I alighted to make check and discovered that I collided on to a taxi which was picking up passenger at that point of time. The front of my vehicle was dented inwards. and the rear of taxi was dented inwards.

POLICE REPORT 7/2080809/2029

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/20180809/2029

1 of 3

Report No. T/20180809/2029

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/08/2018 10:28	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: SUHAIMI BIN SALAM			Address: APT BLK 9 TECK WHYE LANE #12-242 SINGAPORE 680009		
ID Type / ID No.: NRIC NO / S7426412C			Contact No.:		Mobile: 96728741
Nationality: SINGAPORE CITIZEN			Home/Office:		
Email:					
Sex: Male	Age: 43	Date of Birth: 01/09/1974	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/08/2018 04:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 CLEMENCEAU AVENUE RIVER VALLEY ROAD Before traffic light junction of Clemenceau Avenue and Rivervally Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA988A	Car				Slightly Damaged	2
SLP5253C	Car				Slightly Damaged	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/20180809/2029

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Report No. T/20180809/2029

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Driver			
Name	SUHAIMI BIN SALAM		ID No. S7426412C
Related Vehicle	SLP5253C (Car)		Contact No. 96728741
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	09/08/2018	Date Discharge	09/08/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	HO VIN MENG		ID No. S1491144H
Related Vehicle	NIL		Contact No. 96857291
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 09/08/2018 around 0430hrs, I was traveling on my vehicle (SLP5253C) along Clemenceau Ave heading to wards River Valley Road. I was heading to Clark Quay to pick up a passenger. As I was proceeding towards the traffic light junction between Clemenceau Ave and River Valley Road, I filter to the left most lane in order to make a left turn. At the point of time, there was no other vehicle other than a vehicle(SHA988A) in front of me without hazard light or break light. As such I proceeded as normal. As I proceed nearer, I notice the vehicle was not moving. I tried to break and come to a stop, however, was not in time. My vehicle subsequently collided to the vehicles rear. My air bag was deployed due to the impact. I alighted to make check and discovered that I collided on to a taxi which was picking up passenger at the point of time. The front of my vehicle was dented inwards and the rear of taxi was dented inwards. I made a check with the 2 passengers and driver they informed that they are feeling fine. One of the passenger called for ambulance. I exchanged particulars with the driver. Subsequently, ambulance arrived and I was conveyed to SGH due the airbag's impact causing me to feel breathless. Traffic police subsequently arrived and I was informed that a IO will contact me and instruct on further actions to be done.

I received a call from IO Joe and was then instructed to lodge a police report.
I am unsure how many passenger the taxi is picking as I only notice 2 of them hanging around the scene.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999



T/20180809/2029

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Report No: T/20180809/2029

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 HONG KEN NAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/08/2018 10:28

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

