

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	23/08/2018 15:31
Date Of Accident	22/08/2018 21:55
Exact Location Of Accident	PIE (CHANGI) AFER TOH GUAN RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5303B
Insured/Policyholder	
Name Of Registered Owner	MAJULAH CAR LEASING PTE LTD
Co Reg No	201209815C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94756299
Alternative Phone No	OFFICE-94756299

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4L AT SR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994638
Cover Note Number	

Driver

Name of Driver	NOOR AFFANDY BIN JAFFAR
NRIC No	S7709725B
Date Of Birth	09/04/1977
Occupation	INDOOR
Date Of Driving Pass	21/10/1997
Driving Experience	20 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94550259
Fax Number	
Contact Number	OFFICE-94550259
Email Address	NOEMAIL

Address	BLK 919 HOUGANG AVENUE 4 #02-455
Postcode	530919
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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)	2
Passenger 1	NAME: : SITI SUJIDAH BINTE ABDULLAH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180823/2071.

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	SFS1902U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN FOONG SWEE LENG
NRIC/Passport Number	S7530093Z
Contact Number	91719381
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJY3772K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver FAUZI BIN MAHMUD
NRIC/Passport Number S7530093Z
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name NOOR AFFANDY BIN JAFFAR
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJN5303B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SITI SUJIDAH BINTE ABDULLAH
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SJN5303B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.

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.



[Signature]

Centre Personnel's Sign

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

Accident Sketch Plan

SKETCH PLAN

PIE (charging)

A: SJN5303B
B: JFS1902U
C: JY372K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20180823/2021.

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/20180823/2071

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

1 of 4

Report No. T/20180823/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/08/2018 14:22	Vide Report No.: T/20180823/2003	Station Diary No.: 24
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Informant's Particulars			
Name of Informant: NOOR AFFANDY BIN JAFFAR		Address: APT BLK 919 HOUGANG AVENUE 4 #02-455 SINGAPORE 530919	
ID Type / ID No.: NRIC NO / S7709725B		Contact No.: Home/Office: Mobile: 94550259	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 09/04/1977	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/08/2018 21:55	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Along PIE after Toh Guan Flyover towards Changi Airport				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
SFS1902U	Car				Slightly Damaged	0
SJN5303B	Car				Slightly Damaged	1
SJY3772K	Car				Seriously Damaged	0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180823/2071

2 of 4

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20180823/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KELVIN FOONG SWEE LENG	ID No.	S1803168Z
Related Vehicle	SFS1902U (Car)	Contact No.	91719381
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
Driver			
Name	NOOR AFFANDY BIN JAFFAR	ID No.	S7709725B
Related Vehicle	SJN5303B (Car)	Contact No.	94550259
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	23/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Passenger			
Name	SITI SUJIDAH BINTE ABDULLAH	ID No.	S8111070J
Related Vehicle	SJN5303B (Car)	Contact No.	94555081
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/20180823/2071

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

3 of 4

Report No. T/20180823/2071

CONTINUATION OF REPORT

Driver			
Name	Fauzi Bin Mahmud	ID No.	S7530093Z
Related Vehicle	SJY3772K (Car)	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 the 22/08/2018 at about 2155hrs, I was driving my vehicle bearing registration no: SJN5303B with 1 passenger 'Siti Sujidah Binte Abdullah' along PIE towards Changi after Toh Guan Flyover on a 4 lane road and I was on the most left lane. While travelling at a slow speed due to the heavy traffic, front vehicle had suddenly jammed brake however I had kept my distance and managed to brake without colliding into the vehicle in front however I felt a bump from the rear. I alighted from my vehicle and make a check and observed that another vehicle bearing registration no: SFS1902U had collided to the rear of my vehicle. I also observed that there was a third vehicle involved and the third vehicle had collided to the rear of the vehicle that collided onto me. All the drivers involved in the accident alighted and we exchanged particulars for further insurance claiming. My vehicle suffer slight damaged to the rear however myself and my passenger felt pain and ache to our neck and back. Both myself and my passenger proceeded to Mount Alvernia Hospital and was given 7 days MC due to muscle strain. No government property was damaged. No ambulance and no police attended to this incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180823/2071

4 of 4

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629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999


Report No. T/20180823/2071

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: G / Sgt 2 AHMAD BIN HASHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 23/08/2018 14:22
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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