

## 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             | 31/08/2018 13:58          |
| Date Of Accident           | 30/08/2018 20:10          |
| Exact Location Of Accident | BALESTIER RPAD(SLIP ROAD) |
| Country/State of Loss      | SINGAPORE                 |

### DETAILS OF OWN VEHICLE

|                             |                 |
|-----------------------------|-----------------|
| Vehicle Registration Number | SLH2972Y        |
| <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-31584255 |

### Vehicle Particulars

|                                                                              |                                   |
|------------------------------------------------------------------------------|-----------------------------------|
| Manufacturer                                                                 | TOYOTA                            |
| Model                                                                        | COROLLA ALTIS-1.6 CLASSIC CVT (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             | 999995145                            |
| Cover Note Number         |                                      |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | AZMAN BIN ASARY       |
| NRIC No              | S1813044J             |
| Date Of Birth        | 31/03/1967            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 05/09/2009            |
| Driving Experience   | 8 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-92394128  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail Address       | NOEMAIL               |

|                                                     |                    |
|-----------------------------------------------------|--------------------|
| Address                                             | 249 JALAN BOON LAY |
| 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   | 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                                                 |                                     |
| Was any body injured in the Accident?                                                       | NO                                  |
| 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: : UNKNOWN<br>GENDER: : FEMALE |

#### Details of Police Action

|                                           |                                                                                   |
|-------------------------------------------|-----------------------------------------------------------------------------------|
| Was the accident reported to the police?  | YES                                                                               |
| If Yes, Please state which Police Station |                                                                                   |
| Police Station Name                       | TAMPINES N.P.C                                                                    |
| Police Station Address                    | <b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>                                                   |
| Was notice of intended Prosecution given? | NO                                                                                |
| If Yes, against whom?                     |                                                                                   |

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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 | SHC2221E |
| 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)

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

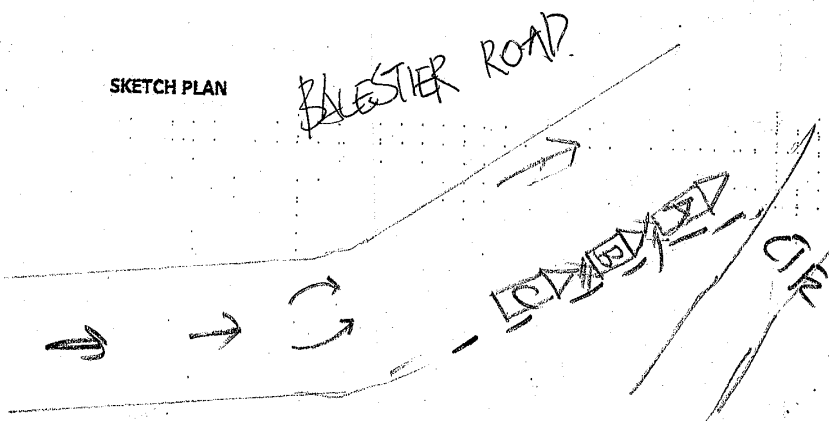


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



SKETCH PLAN



VEH A SH2972Y

VEH B SHC2221E

VEH C GBB64HC

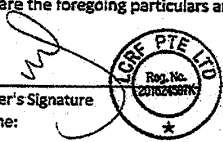
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

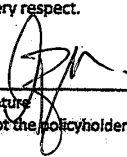
DECLARATION

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

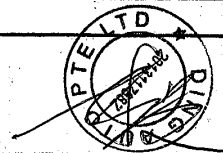
Policyholder's Signature  
Date & Time:



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



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





**SINGAPORE  
POLICE FORCE**



T/20180830/2213

1 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180830/2213

**REPORT OF A TRAFFIC ACCIDENT**

|                                            |                                     |                          |
|--------------------------------------------|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>30/08/2018 22:49 | Vide Report No.:<br>E/20180830/0168 | Station Diary No.:<br>92 |
|--------------------------------------------|-------------------------------------|--------------------------|

**Informant's Particulars**

|                                          |            |                                                                     |                              |
|------------------------------------------|------------|---------------------------------------------------------------------|------------------------------|
| Name of Informant:<br>AZMAN BIN ASARY    |            | Address:<br>APT BLK 714 TAMPINES STREET 71 #02-202 SINGAPORE 520714 |                              |
| ID Type / ID No.:<br>NRIC NO / S1813044J |            | Contact No.:<br>Home/Office: Mobile: 87495281                       |                              |
| Nationality:<br>SINGAPORE CITIZEN        |            | Email:                                                              |                              |
| Sex:<br>Male                             | Age:<br>51 | Date of Birth:<br>31/03/1967                                        | Type of Informant:<br>Driver |
| Race:<br>Boyanese                        |            | Language:<br>English                                                | Institution / School Name:   |
| Occupation:<br>GOLF CLUB MECHANIC        |            | Driving Licence Information:<br>Class: 3A                           | Date of Expiry:              |

**General Information of the Accident**

|                                                                |                                    |                    |                                            |                           |
|----------------------------------------------------------------|------------------------------------|--------------------|--------------------------------------------|---------------------------|
| Type of Accident:                                              | Injury Conveyed By Ambulance       | Drink Drive:<br>No | Date/Time of Accident:<br>30/08/2018 20:10 | Type of Location:<br>Bend |
| Location:<br>Along Road 1<br>BALESTIER ROAD                    |                                    |                    |                                            |                           |
| Balestier Road (slip road) before entering Central Expressway. |                                    |                    |                                            |                           |
| Weather:<br>Clear                                              | Road Surface:<br>Dry               |                    | Road Speed Limit:<br>60 Km/h               |                           |
| Traffic Flow:<br>One Way                                       | Traffic Control:<br>Not Controlled |                    | Traffic Volume:<br>Heavy                   |                           |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear   |                                    |                    | Anyone conveyed by ambulance:<br>Yes       |                           |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make    | Model                                            | Color | Condition        | No of Passenger |
|-------------|------|---------|--------------------------------------------------|-------|------------------|-----------------|
| GBB6141C    | Van  | NISSAN  | CABSTAR<br>3.0 5M/T<br>ABS 2DR<br>2WD 3.4T       | Blue  | Slightly Damaged | 0               |
| SHC2221E    | TAXI | HYUNDAI | SONATA NF<br>2.0 CRDI AT<br>ABS 2WD<br>4DR TURBO | Blue  | Slightly Damaged | 0               |



**SINGAPORE  
POLICE FORCE**



T/20180830/2213

3 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180830/2213

**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 /  
Staff Sgt MUHAMMAD FIRDAUS BIN MISWAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
30/08/2018 22:49

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt SHAHRUL NIZAM BIN SAWARRI  
Contact No.: 65476904

Classification Of Case:

Authentication Stamp  
NP168

SIGNATURE



**SINGAPORE  
POLICE FORCE**



T/20180830/2213

2 of 3

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20180830/2213

**CONTINUATION OF REPORT**

| Details of Vehicle Involved |      |         |                                             |        |                     |                 |
|-----------------------------|------|---------|---------------------------------------------|--------|---------------------|-----------------|
| Vehicle No.                 | Type | Make    | Model                                       | Color  | Condition           | No of Passenger |
| SHC8644D                    | TAXI | HYUNDAI | I40 1.7 CRDI<br>F/L AT ABS<br>AIRBAG<br>4DR | Blue   | Slightly<br>Damaged | 0               |
| SLH2972Y                    | Car  | TOYOTA  | COROLLA<br>ALTIS<br>CLASSIC<br>1.6 CVT      | Silver | Slightly<br>Damaged | 1               |

**Brief Details.**

On the 30/08/2018, at about 2010HRS, I was travelling along Balestier Road entering into a slip road towards Central Expressway in my Silver Toyota Corolla Altis (Registration plate number: SLH2972Y)

I was travelling in the slip road at a speed of approximately 60km/h. It was at a give way line when I break to give way to a vehicle on my right when all of a sudden, felt an impact coming from the back and noticed that a Blue Hyundai Comfort Taxi had collided into the rear of my vehicle.

I alighted and found that it was a chain collision that involved three other vehicle. We exchanged particulars with each others. At the point of time, one of the vehicle had an injured party. Ambulance and Traffic Police arrived at scene.

Traffic Police Officer directed me to lodge an accident report.

There were several dents and scratches observed on the rear bumper of my vehicle. I do have a CCTV installed in my vehicle however the SD card is faulty. There is no witness to the accident.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

