

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	05/09/2018 12:58
Date Of Accident	02/08/2018 13:00
Exact Location Of Accident	CARPARK OF WHAMPOA HANDICAP WELFARE ASSOCIATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4174Z
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66944919

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA HYBRID
Exact Purpose for which vehicle was being used at time of accident	HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995071
Cover Note Number	

Driver

Name of Driver	MAZLAN BIN MOHAMED YUSOFF
NRIC No	S1685135C
Date Of Birth	09/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	19/04/1990
Driving Experience	28 YEARS AND 3 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-90106639
Fax Number	
Contact Number	OFFICE-66944919
EMail Address	NOEMAIL
Address	44 BENOI ROAD BLOCK B (ENTRANCE 6 BENOI SECTOR)
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NPP 25 SIN MING ROAD
Police Station Address	ROAD: 25 SIN MING ROAD #01-180 , POSTCODE: 570025 , 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 FOLLOWING AS ATTACHED. THANK YOU.

Attachment(s)

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

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180830/2144

1 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20180830/2144

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/08/2018 16:53	Vide Report No.:	Station Diary No.: 42
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Informant's Particulars

Name of Informant: MAZLAN BIN MOHAMED YUSOFF	Address: APT BLK 156 PASIR RIS STREET 13 #03-37 SINGAPORE 510156		
ID Type / ID No.: NRIC NO / S1685135C	Contact No.: Home/Office: Mobile:		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 53	Date of Birth: 09/01/1965	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: GRAB DRIVER	Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 02/08/2018 13:00	Type of Location: Inside the compound
Location: Along Road 1 WHAMPOA DRIVE			
Handicap Welfare Association located at Whampoa Drive.			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ4174Z	Car	TOYOTA	SIENTA HYBRID 1.5X CVT	Blue		0

Details of Person Involved

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



**SINGAPORE
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T/20180830/2144

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25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20180830/2144

CONTINUATION OF REPORT

Driver			
Name	MAZLAN BIN MOHAMED YUSOFF		ID No. S1685135C
Related Vehicle	SLQ4174Z (Car)		Contact No.
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

Brief Details.

On 02 August 2018 at 12.38pm, I was driving my vehicle registration number: SLQ4174Z and I have a handicapped passenger in my vehicle (IOS-0554582-4-032).

I was being tasked to send the passenger to Handicap Welfare Association located at Whampoa Drive.

After the passenger alighting from my vehicle. I drove off to another route. I wished to state that I didn't collided with any vehicles.

Ref: TP/IP/46167/2018



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T/20180830/2144

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Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No. T/20180830/2144

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:
E /
Sr Staff Sgt MOHAMAD FARID BIN JAMAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/08/2018 16:53

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Classification Of Case:

SN 070

Authentication Stamp
NP168

IDENTIFICATION CARD, DRIVING LICENSE AND VOCATIONAL LICENSE

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number

S1685135C

Name

MAZLAN BIN MOHAMED YUSOFF

Birth Date

09 Jan 1965

Issue Date

24 Apr 2003

0064129448

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1685135C



Name

MAZLAN BIN MOHAMED YUSOFF

Race

MALAY

Date of birth

09-01-1965

Country/Place of birth

SINGAPORE

Sex

M

S1685135C

VMG USE ONLY

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1685135C

Name : MAZLAN BIN MOHAMED YUSOFF

Card Issue Date : 13/03/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

VMG USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B

Motorcycles not exceeding 200 cc

19 Oct 1990

Class 2A

Motorcycles between 201 cc and 400 cc

19 Oct 1990

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

19 Apr 1990

NP 428A

Licence No: S1685135C





NRIC No. S1685135C

Date of issue

18-01-2016

Address

APT BLK 156 PASIR RIS STREET 13

#03-37

SINGAPORE S10156

5557999

VMG USE ONLY

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	13/03/2018

POLICE REPORT

SKETCH PLAN

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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: Shirley Juliana
NRIC/FIN No.:

SKETCH PLAN

NO COLLISION.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT NO: T/20180830/2144

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:

[Signature]

Reporting Centre Personnel's Signature
Name: *Shirley Aulapa*
NRIC/FIN NO.:



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

