

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	02/10/2018 13:40
Date Of Accident	25/09/2018 15:15
Exact Location Of Accident	ALONG RD 1 BUKIT TIMAH RD TOWARD BUKIT TIMAH PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN8847S
Insured/Policyholder	
Name Of Registered Owner	EUROKARS LEASING PTE LTD
Co Reg No	199200636C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-63633003

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	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	999994440/100833447-00000
Cover Note Number	

Driver

Name of Driver	MOHAMAD HAFIAN BIN AHMAD FUA'AD
NRIC No	S9134166B
Date Of Birth	29/09/1991
Occupation	INDOOR
Date Of Driving Pass	09/11/2012
Driving Experience	5 YEARS AND 10 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-94389498
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 676 CHOA CHU KANG CRESCENT #10-455
Postcode	680676
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	
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)	3
Passenger 1	Name: : MARNI Gender: : Female
Passenger 2	Name: : STEPHEN Gender: : Male

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

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLZ6166L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE XIAO HONG
NRIC/Passport Number	S8838066E
Contact Number	97112210
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

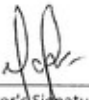
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

 01/10/2018 (1636)
Policyholder's Signature
Date & Time:

 01/10/2018 (1636)
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/20180926/2183

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

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Report No. T/20180926/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2018 22:28	Vide Report No.:	Station Diary No.: 167
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Informant's Particulars

Name of Informant: MOHAMAD HAFIAN BIN AHMAD FUA'AD			Address: APT BLK 676 CHOA CHU KANG CRESCENT #10-455 SINGAPORE 680676		
ID Type / ID No.: NRIC NO / S9134166B			Contact No.: Home/Office: Mobile: 94389498		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/09/1991	Type of Informant: Driver		
Race: Javanese			Language:		Institution / School Name:
Occupation: OPERATION ASSISTANT			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/09/2018 15:15	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH ROAD				
heading towards Bukit Timah Plaza				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKN8847S	Car	MAZDA	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT	Red	Slightly Damaged	0
SLZ6166L	Car	HYUNDAI	I30 PDE 1.4 T-GDI DCT	Brown	Slightly Damaged	0



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T/20180926/2183

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Tel No: 1800-7659999

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Report No. T/20180926/2183

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHAMAD HAFIAN BIN AHMAD FUA'AD	ID No.	S9134166B
Related Vehicle	NIL	Contact No.	94389498
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LEE XIAO HONG, ZANEL	ID No.	S8838066E
Related Vehicle	NIL	Contact No.	97112210
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 25/9/2018 at about 1515hrs, I was driving, SKN8847S, along Bukit Timah Road heading towards Bukit Timah Plaza. I was going to keep to the extreme right of the lane to make a U turn, there was a lot of car at that point of time, I saw that there was space for me to change lane, however, when I was in the mist of changing lane, a vehicle, SLZ6166L, from the next lane hit onto me. I saw that she was using her phone while her car was stationary. When I was changing lane, she saw my car, but panicked and let go of the brake.

My car suffered some scratches on the right front bumper. The other car also had some scratches on the left front bumper. No one was injured from the accident.



**SINGAPORE
POLICE FORCE**



T/20180926/2183

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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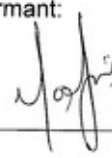
Report No. T/20180926/2183

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 EDWINA CHEW HUI LING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 26/09/2018 22:28
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

Authentication Stamp
NP168