

## 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 liability.
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	23/11/2018 13:56
Date Of Accident	23/11/2018 08:40
Exact Location Of Accident	AYE & JURONG
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ3871B
<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-62414992

## Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (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	999995071
Cover Note Number	

## Driver

Name of Driver	HASBOLLAH BIN MOHAMAD
NRIC No	S1418739A
Date Of Birth	10/06/1960
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1984
Driving Experience	34 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83742160
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OVERWRITTEN
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW809X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

HASBOLLAH BIN MOHAMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

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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. The 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.
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/infill 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/are 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 used outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time  
22/11/18 11254RS

Witnessed by Reporting Centre Personnel



## Sketch Plan #2

Describe Circumstances of the Accident

WHILE I WAS DRIVING ALONG AYE TOWARD  
JURONG ABOUT 0840HRS A CAR IN FRONT JAM BRAKE  
AND I SLOW DOWN AND A CAR BANG MY REAR  
OF MY CAR AND I GOING FEEL MY NECK AND MY  
BACK PAIN I WILL GO AND SEE DOCTOR

Declaration

We declare the foregoing particulars are true in every respect.

 

Policyholder's Signature / Date &  
Time

 28/11/18 1135HRS

Driver's Signature (if driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20181123/2089

Police Station Of Origin:  
Bukit Panjang N P C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20181123/2089

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 15:15		Vide Report No.:		Station Diary No.: 74	
<b>Informant's Particulars</b>					
Name of Informant: HASBOLLAH BIN MOHAMAD			Address: APT BLK 547D SEGAR ROAD #02-27 SINGAPORE 674547		
ID Type / ID No.: NRIC NO / S1418739A			Contact No.: Home/Office: Mobile: 83742160		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 10/06/1960	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

#### General Information of the Accident

Type of Accident:	Injury Others:	Drink Drive: No	Date/Time of Accident: 23/11/2018 08:40	Type of Location:
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Towards TUAS before Normanton Park Exit				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow:	Traffic Control:		Traffic Volume:	
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
SLQ3871B	Car				Slightly Damaged	2
SLW809X	Car				Slightly Damaged	0

#### Details of Person Involved

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

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20181123/2089

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20181123/2089

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	HASBOLLAH BIN MOHAMAD	ID No.	S1418739A
Related Vehicle	SLQ3871B (Car)	Contact No.	83742160
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	23/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	ROBERT WILLIAM TEIGLAND	ID No.	S8683105H
Related Vehicle	SLW809X (Car)	Contact No.	90065378
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 23/11/2018 at about 0840hrs, I was travelling along AYE towards Tuas when I arrived at near to Normanton Park Exit. At that point in time, I was on the extreme right lane. Infront my vehicle was a white vehicle. The white vehicle suddenly jam brake, I then brake as well. Suddenly I felt a collision from the rear of my vehicle. I then alight my vehicle and saw vehicle "SLW809X" had collided into my vehicle. I then exchange particulars with the driver and left. I went to the One care clinic Bukit Panjang subsequently and obtain 3days of medical leave. I am lodging a report for insurance claims. I sustain neck soreness.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20181123/2089

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

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Report No. T/20181123/2089

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 3 CHUA CHUEN LIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
23/11/2018 15:15

Officer In Charge Of Case:  
TP / AEIT /  
Sr Staff Sgt MOHAMAD ZULFAZDLI BIN  
ABDULLAH

Classification Of Case:

Contact No: 65476204

Authentication Stamp

NP108

Signature:

Singapore Police Force



# Sketch Plan #6

