ching Taiping

MWA118151973 / World Auto Pte Ltd - HQ ENTRY DATE & TIME: 23/11/2018 13:56 SUBMITTED BY: Gan Ping

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.
- 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

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	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	
Insured/Policyholder		

LCRF PTE LTD Name Of Registered Owner Co Reg No

201624597K NOEMAIL Email Address

Mobile Phone No

OFFICE-62414992 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

VEZEL-1.5 HYBRID (A) Model

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 PRIVATE HIRE

Vehicle Category

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

HASBOLLAH BIN MOHAMAD Name of Driver

S1418739A NRIC No 10/06/1960 Date Of Birth OUTDOOR Occupation 23/11/1984 Date Of Driving Pass

34 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-83742160 Mobile Number

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

Vehicle Registration Number of Driver's Own

Vehicle

PAID DRIVER

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?

Was any injured conveyed to hospital by ambulance?

NO

YES

YES

NO

3

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

YES

Police Station Address

BUKIT PANJANG

ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given? If Yes, against whom?

NO

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?

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

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- of Bingapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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 aforeseld.
- 8. Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General insurance Association of Singapore ("GIA") maybre 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 decrease and transfer such Personal information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident (all insurers), who have insured vehicle(s) involved in this accident (all insurers), who have insured vehicle(s) involved in this accident (all insurers). The vehicle of the insurers target formation of Singapore and any relevant government agencylauthority (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 ancior my claims;
- (its carrying out and/or dealing with my instructions or responding to any ensures by me:
- (v) administering my claims (including the maling 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.html
 packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (safestively the "Purposes").
- (b) all insurer(s) who have insured vehicle(s) involved in this appoint and the insurers' lawyers faw, thirs, may are permitted to collect use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (a) my Personal Marmetion insylican be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/faw (irms), which may be said outside of Singapore, for one or more of the above Purposes.

The page in the pa

Time

Dayar's Rignature (Editor) for the policyholder) / Dale

JURONS

WIL

Witnessed by Reporting Centre Personnel

Sketch Plan

6	34116	1 WAS	DRIVI	NG AL	DNG AS	/E 70 W	NRI
/URDNG	ABOU	T 0840	WRS A	CHE	MFRONT.	JAM BA	e4K
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OF MY	CAR	AND 1	GOING !	1884	MY NECK	AND	My
BACK	PAIN	1 will	00 AV	0 5EE	POCTOR		

Declaration

VWa decisive the foregoing particulars are true is every respect.

Policyholder's Gignature / Date & Other's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Reporting Castive Parsonnel





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

Date/Time Report Made: 23/11/2018 15:15			Vide Report No.	Station Diary No. 74			
Informa	nt's Partic	ulars					
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		ΈN	Email:				
Sex: Male	Age: 58	Date of Birth: 10/06/1960	Type of Informant: Driver				
Race Malay			Language: Institution / School I				
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:				

Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident: 23/11/2018 08:40		Type of Location
	H EXPRESSWAY	n Park Exit Road Surface Dry		Roa	d Speed Limit
To the state of th		Traffic Control		Traffic Volume:	
Type of Collis	sion:			Any	one conveyed by

Details of V	ehicle Invo	lved			MEN DESCRIPTION	
Vehicle No.	Туре	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





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

2 of 3 Report No. T/20181123/2089

Driver			TOTAL CONTRACT	MAPPE.	-	
Name	HASBOLLAH BIN MOHAMAD			ID No.		S1418739A
Related Vehicle	SLQ3871B (Car)			Contact N		83742160
Hospital/Clinic	NIL-			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	23/11/2018 Date Disc			charge 23/11/2018		/2018
No. of Days granted Medical Leave 03			The second section of the section of	of Injury NIL		
Driver						
Name	ROBERT WILLIAM TEIGLAND			ID No		S8683105H
Related Vehicle	SLW809X (Car)			Conta	ct No.	90065378
Hospital/Clinic	NIL			Class Driving Licens Expiry	g ce &	Class: NIL Date of Expiry: NIL

CONTINUATION OF REPORT

Brief Details.

Date Treatment NIL

No. of Days granted Medical Leave

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.

NIL

Date Discharge NIL

Degree of Injury NIL





Police Station Of Origin Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 3 of 3 Report No. T/20181123/2089

CONTINUATION OF REPORT

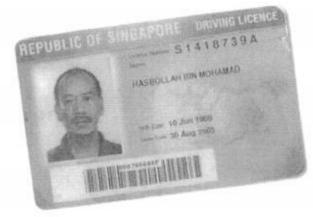
Sketch Plan

Informant is not able to provide sketch plan

Gingenore Police Force

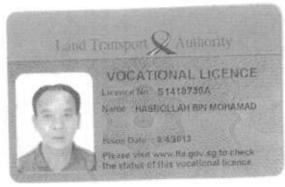
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

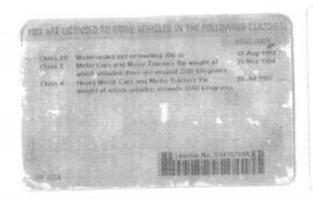
Signature Of Officer Recording The Report J / Sgt 3 CHUA CHUEN LIANG	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 23/11/2018 15:15
Officer In Charge Of Case TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No. 65476204 Authentication Stamp	Classification Of Case



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This cook is not transferable and is the property of the Land Transport Authority 8.7A). If must be surresoured to the LTA on request, If fitting, Diseas when to LIA, to Sin Stong Drive, Sergepore 575701. Type Description Issue Date
02 TAXL Vt 08/04/2013