

## 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	11/01/2019 11:40
Date Of Accident	09/01/2019 21:05
Exact Location Of Accident	IN FRONT OF AMK BUS STOP B09 AVE 1 TWDS SIN MING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME497U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ACE FLEET MANAGEMENT PTE LTD
Co Reg No	201710914N
Email Address	SQUARECAR123@GMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-86667800

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO-1.6 (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	999994511
Cover Note Number	

### Driver

Name of Driver	HARON BIN HUSSAIN PATAIL
NRIC No	S1712981C
Date Of Birth	24/03/1965
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1985
Driving Experience	33 YEARS AND 6 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-98534757
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 559 PASIR RIS STREET 51
Postcode	S510559
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS N.P.C 1 PASIR RIS DRIVE 4 #01-01 S519457
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO ATTACHED POLICE AND SKETCH PLAN REPORT

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF570U
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)

DETAILS OF INJURED PERSON 1	
Name	HARON BIN HUSSAIN PATAIL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SME497U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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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.

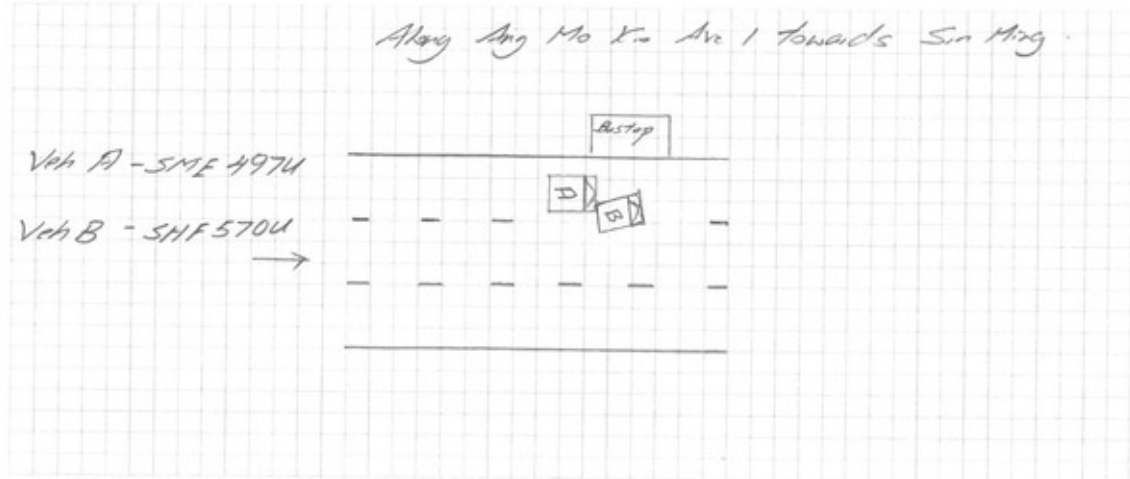


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/01/19 @ 9.05pm, my vehicle A (SME 4974) was travelling straight in lane 3 from Ang Mo Kio 1 towards Sin Ming. Suddenly vehicle B (SHF 5704) which was on my right lane just cut into my lane & applies E-brake in order to pick-up passenger at the busstop and caused this accident to happen.

## 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.:

GIA/PMC SketchPlan Form V4

## POLICE REPORT







**SINGAPORE  
POLICE FORCE**



T/20190110/2111

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3  
Report No: T/20190110/2111

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/01/2019 17:19		Vide Report No.:		Station Diary No.: 83	
<b>Informant's Particulars</b>					
Name of Informant: HARON BIN HUSSAIN PATAIL			Address: APT BLK 559 PASIR RIS STREET 51 #05-217 SINGAPORE 510559		
ID Type / ID No.: NRIC NO / S1712981C			Contact No.: Home/Office: Mobile: 98534757		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 24/03/1965	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class:		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/01/2019 21:05	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 1  ANG MO KIO AVE 1 TOWARDS SIN MING, NEAR BUS STOP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHF570U	Car					0
SME497U	Car	KIA	CERATO 1.6(A) LX	Black	Seriously Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190110/2111

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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20190110/2111

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	HARON BIN HUSSAIN PATAIL	ID No.	S1712981C
Related Vehicle	SME497U (Car)	Contact No.	98534757
Hospital/Clinic	LIFE-LINK CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/01/2019	Date Discharge	10/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 09/01/2019 at about 09.05pm, I was driving in my vehicle bearing the registration number, SME497U along Ang Mo Kio Ave 1 towards Sin Ming. I was alone in my vehicle. I was driving on the left most lane among the three lanes.

Suddenly, a taxi who was driving slightly ahead of me on the middle lane, swerved into my lane without signaling and applied its emergency brakes. It was trying to pick up a passenger at the said bus stop. I tried to applied my emergency brakes to avoid a collision but however to no avail. After the collision, I came out the of my vehicle and noticed a red Transcab taxi was bearing the registration number, SHF570U.

The front portion of my vehicle was seriously damaged. The police came but however I did not managed to get the incident number from them. At the point of accident no one was injured. I also did not take down the driver particulars.

I have an in-vehicle camera installed in my vehicle and it recorded the accident.

I had pains around my arms, neck and collarbone. I then seek my own medical attention at life-link clinic & surgery. I was then given 3 days medical leave.



**SINGAPORE  
POLICE FORCE**

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Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20190110/2111

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Report No. T/20190110/2111

**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/  
Sgt 2 MUHAMMAD ALIF BIN AZALI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
10/01/2019 17:19

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Classification Of Case:

Authentication Stamp  
NP168







Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

