

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	15/01/2019 16:50
Date Of Accident	13/01/2019 09:30
Exact Location Of Accident	ALONG TUAS SOUTH BOULEVARD AT LAMPOST 40/9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9770B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ANIS.ASLAM@DEME-GROUP.COM
Mobile Phone No	(LOCAL) +65-87980213
Alternative Phone No	OFFICE-87980213

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 AD GLS (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	ANIS ASLAM
Passport No/FIN	G3153816K
Date Of Birth	13/08/1969
Occupation	INDOOR
Date Of Driving Pass	19/01/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87980213
Fax Number	
Contact Number	OTHERS-87980213
Email Address	ANIS.ASLAM@DEME-GROUP.COM

Address	370H ALEXANDRA ROAD #08-01 THE ANCHORAGE
Postcode	159961
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 BY FALLEN TREE / OTHER OBJECTS
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190113/2060

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

SKETCH PLAN

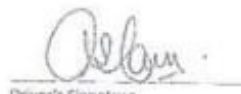
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

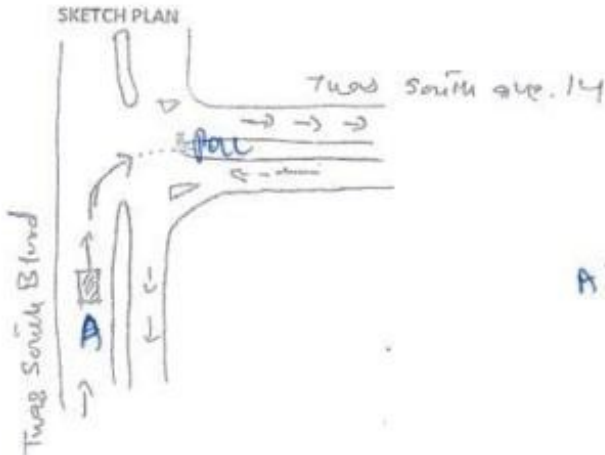
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:

Accident Sketch Plan



A) SMD 9770B.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT THE 13/JAN/19, at about 0930hrs, I was driving my vehicle along Tuas South Boulevard turning right onto Tuas South Ave. 14. My vehicle's front right tyre got punctured and I lost control of the vehicle. My vehicle then mounted the kerb and hit onto the centre divider light post and came to a stop. There was no other vehicle involved and no body got injured including me. I then called Goldsell Rentals and also Police. Police came to scene and a report was lodged.

Police Report 1/2019/113/2000

DECLARATION

I/We declare the above particulars are true in every respect.

Policyholder's Signature
Date & Time:



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

 15/01/2019

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190113/2060

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3
Report No. T/20190113/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/01/2019 14:44		Vide Report No.: J/20190113/0075		Station Diary No.: 57	
Informant's Particulars					
Name of Informant: ANIS ASLAM			Address: APT BLK 370H ALEXANDRA ROAD #08-01 THE ANCHORAGE SINGAPORE 159961		
ID Type / ID No.: FIN NO / G3153816K			Contact No.: Home/Office: Mobile: 87980213		
Nationality: INDIAN			Email:		
Sex: Male	Age: 49	Date of Birth: 13/08/1969	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: PLANNING ENGINEER			Driving Licence Information: Class: 3		Date of Expiry: 18/01/2021

General information of the Accident					
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2019 09:30	Type of Location: T-Junction	
Location: Along Road 1 TUAS SOUTH BOULEVARD Along Tuas South Boulevard, at L/P 40/9					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMD9770B	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Seriously Damaged	0

POLICE REPORT



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POLICE FORCE**



T/20190113/2060

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20190113/2060

CONTINUATION OF REPORT

Brief Details.

On the 13/1/2019, at about 0930hrs, I was driving my vehicle, SMD9770B, along Tuas South Boulevard turning right onto Tuas South avenue 4. My vehicle's front right tyre got punctured and I lost control of the vehicle. My vehicle then mounted the kerb and hit onto the center divider light post hence came to a stop. There were no traffic at the point of time and I was not injured. I then called for the Police. Police then came to scene and requested me to go lodge a physical report, reference #J75 under Traffic Police IO Maria.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190113/2060

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190113/2060

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:

D /
Sgt 3 NG YONG XIN, ALESTER

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

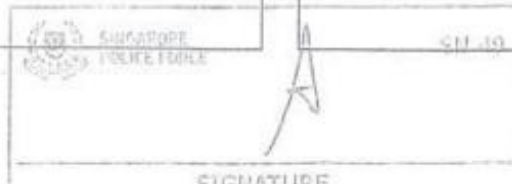
13/01/2019 14:44

Officer In Charge Of Case:

TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

ACCIDENT SCENE

1/15/2019

3c84bb5e-88a9-4d4a-88bc-d4ceb3b2.jpg



aw 1/15/2019

<https://mail.google.com/mail/u/0/#inbox/FMfcgxwBVDJgddjVBbtgHkkmTksFTTMP?projector=1&messagePartId=0,5>

1/1

ACCIDENT SCENE

1/15/2019

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gav 15/01/2019

ID

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
DREDGING INTERNATIONAL ASIA PACIFIC PTE LTD

Name
ANIS ASLAM
Occupation
PLANNING ENGINEER

FRS
G3153819K

Date of Application
12-12-2017
Date of Issue
09-01-2018
Date of Expiry
09-04-2021

L8556221



VISIT PASS
Immigration Regulations

Name
ANIS ASLAM

Date of Birth **Day** **Month** **Year** **Religion**
13-08-1969 M INDIAN

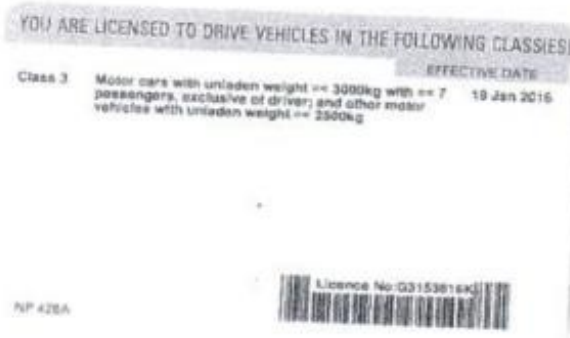
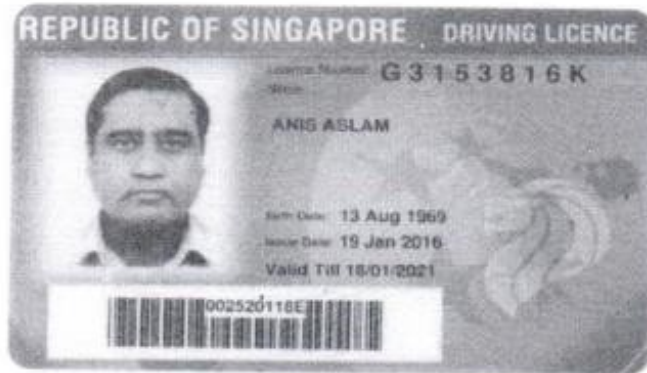
FRS **Date of Issue** **Date of Expiry**
G3153819K 09-01-2018 09-04-2021

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



ID



Accident Photo



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