

## 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	14/01/2019 17:05
Date Of Accident	13/01/2019 23:30
Exact Location Of Accident	ENTRANCE OF GOLDEN MILE TOWER DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9132R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ALLSWELL MOTOR TRADERS
Co Reg No	53192889J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66791146

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID-1.8 S CVT (A)
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	999994368
Cover Note Number	

### Driver

Name of Driver	MOHAMED ZAKIR BIN MOHAMED ALI
NRIC No	S1747195C
Date Of Birth	01/11/1966
Occupation	OUTDOOR
Date Of Driving Pass	20/12/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-87876059
Fax Number	
Contact Number	OFFICE-66791146
Email Address	NOEMAIL

Address	SRI MULIA CONDO, JLN ABD SAMAD, KOLAM AYER 05-02. JB JOHOR MALAYSIA
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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	
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)	6
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE
Passenger 3	NAME: : PASSENGER GENDER: : MALE
Passenger 4	NAME: : PASSENGER GENDER: : MALE
Passenger 5	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer to attached police report T/20190114/2002

#### Attachment(s)

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

## 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: 14/01/2019

12.30 hrs

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER POLICE REF# - T/20190114/2002

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date & Time: 14/01/2019

1220 HRS

Name: \_\_\_\_\_

NRC/FIN No.:

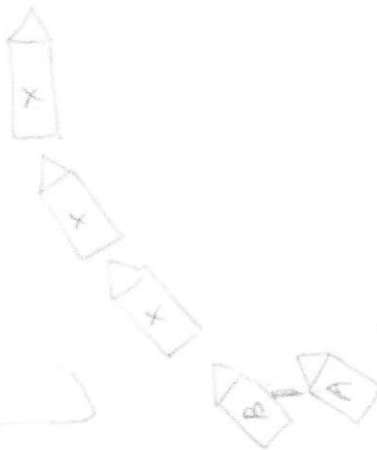
Sketch Plan #3

A = SL4 9132 R  
B = SHA 9184 T

*[Signature]*  
14/01/2019  
12:24:55

Golden Mile  
TOWER

carpark



Beach Road

# Police Report



**SINGAPORE  
POLICE FORCE**



T00190114/2022

Police Station Of Origin:  
Jurong East N.P.O  
92 Doon Lay Way SINGAPORE 609962  
Tel No: 1800-8090909

1 of 3

Report No: T00190114/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 03:03		Vide Report No.: A/20190113/0187		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMED ZAKIR BIN MOHAMED A.L			Address: SRI M ULIA*CONDO, JLN ABD SAMAD, KOLAM AYER 05-02 JB JOHOR MALAYSIA		
ID Type / ID No. NRIC NO / S:747195C			Contact No: Home/Office: Mobile: 87876059		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 01/11/1965	Type of Informant: Rider		
Race: Banyanese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/01/2019 23:30	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD				
Entrance of Golden Mile Tower				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA8184T	Taxi	HYUNDAI	Latio	Yellow	Slightly Damaged	2
SLU8132R	Car	TOYOTA	Prus	Black	Slightly Damaged	5

## Police Report



SINGAPORE  
POLICE FORCE



T/20190114/2002

Police Station Of Origin:  
Jurong East N.P.C.  
52 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

2 of 3

Report No: T/20190114/2002

### CONTINUATION OF REPORT

#### Brief Details.

On the 13/01/2019 at about 2330hrs, I went to drop off my passenger at Golden Mile Tower Entrance. I am a Grab Driver and I was driving my black colour Toyota Prius Vehicle No: SLU9132R. I then stopped my vehicle at the right side of the entrance. There was another Yellow Cab taxi bearing Vehicle No: 5HA9164T at my left side. All of a sudden, the passenger of the said taxi flung opened widely the right side door of the taxi, hence there were damages to the left side of my vehicle. I did not know that the taxi was stopping as I did not see any hazard light and he was not stopping at the drop off point of Golden Mile Tower to drop off the passenger. There were CCTV camera at Golden Mile Tower. I am lodging this report for insurance claim purposes.

# Police Report



SINGAPORE  
POLICE FORCE



T20190114/2002

Police Station Of Origin:  
Jurong East N.P.C  
62 Boon Lay Way SINGAPORE 609962  
Tel No. 1800-8999999

3 of 3

Report No. T20190114/2002

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 2 B KAARTHIKA	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2019 03.03
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65478356	Classification Of Case:
Authentication Stamp NP103	