

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	18/02/2019 20:15
Date Of Accident	13/02/2019 22:30
Exact Location Of Accident	BLK 18 EUNOS CRES OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB8177E
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	200910504E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97520620
Alternative Phone No	OFFICE-97520620

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.5 MIVEC GLS 4A/T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	THIRD PARTY
Fleet Policy	NO
Policy Number	999994683
Cover Note Number	

Driver

Name of Driver	MOHAMAD ALI BIN YATIM
NRIC No	S1786854C
Date Of Birth	08/07/1967
Occupation	INDOOR
Date Of Driving Pass	14/04/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91223649
Fax Number	
Contact Number	OFFICE-91223649
Email Address	NOEMAIL

Address	BLK 8 NORTH BRIDGE ROAD #03-4120
Postcode	190008
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 - CHANGE/CROSS LANE
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190214/2086.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP6065X
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) 1

DETAILS OF INJURED PERSON 1

Name	MOHAMAD ALI BIN YATIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SKB8177E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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.



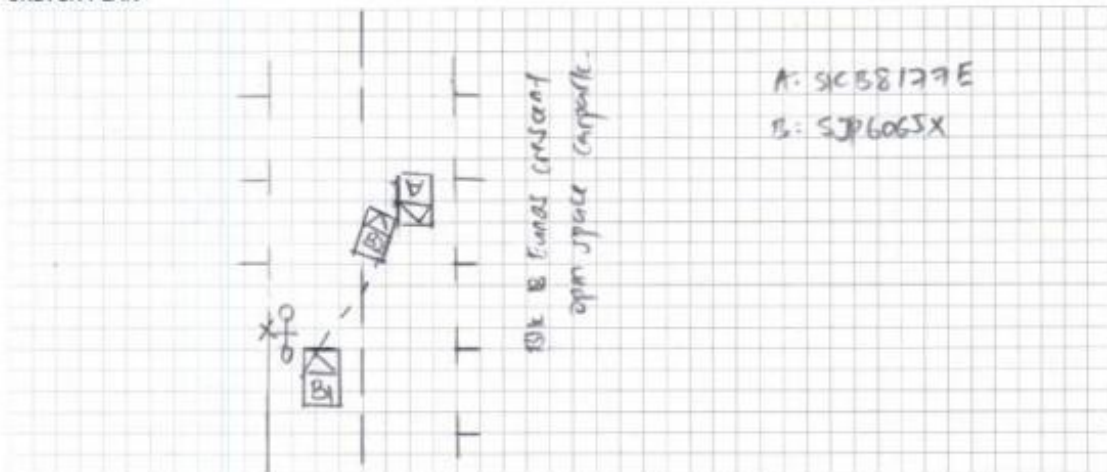
Policyholder
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report. 1/20190214/2086.

DECLARATION

I/We declare that the 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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190214/2086

1 of 3

Report No. T/20190214/2086

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No. 1800-7479999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 14:58	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: MOHAMAD ALI BIN YATIM			Address: APT BLK 8 NORTH BRIDGE ROAD #03-4120 SINGAPORE 190008	
IC Type / ID No.: N-IC NO / S1786854C			Contact No.: Home/Office: Mobile: 91223649	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 08/07/1967	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: FOOD STALL WORKER			Driving Licence Information: Class: 3,4 Date of Expiry:	

General information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 EUNOS CRESCENT				
ALONG 18 EUNOS CRESCENT OPEN SPACE CARPARK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJP6065X	Car				Slightly Damaged	0
SKB8177E	Car				Seriously Damaged	0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190214/2086

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20190214/2086

CONTINUATION OF REPORT

Driver				
Name	MOHAMAD ALI BIN YATIM		ID No.	S1786854C
Related Vehicle	SKB8177E (Car)		Contact No.	91223649
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3,4 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 13/02/2019 at around 2230hrs, I was driving my rented car bearing plate number SKB8177E inside the Open space car park of Eunos Crescent HDB estate. I was intending to park my car at the carpark lots besides 16 Eunos Crescent. The drive way is a two way road separated by a single white divider. As I was driving towards 16 Eunos Crescent, I spotted one motorcycle bearing plate number FBH4496K that was parked along the double yellow line of the opposite direction. There was ample space for two vehicles to pass by each other. There was another car that was travelling in the opposite direction along the same drive way along its lane.

As I was nearing the motorcycle the other car was also approaching the motorcycle and in order to ensure that the car did not hit the motorcycle, the said car then turned and entered into my lane. As the said car turned into my lane I then heard a loud cracking sound as such I then stopped my car and came out to make a check. I then saw that my entire front bumper was dislodged. The said car also stopped as such I then walked over to the said car to try to speak to the driver. The driver of the said car is Chinese male.

I then asked for the driver to come out so that I could speak to him which he complied with, I then asked the driver if he could exchanged particulars with me so that I can proceed with insurance claim however the driver refused. As by that time both of our vehicles was blocking the traffic along the drive way I then told the driver that I will shift my car to the nearest parking lot and for the driver to wait for me so that I can exchange particulars with him however as I went to into my car to park, the said driver of the other car then drove off.

I did not managed to get his particulars or contact number. However the rider of the motorcycle that was parked along the double yellow line witness the entire incident as such he then provided me his contact number and the car plate number of the other car which is SJP6065X

I am lodging this report for insurance claiming purpose. There is no camera installed in my car and both parties were not injured.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Ubi NPP
9 Euros Crescent #01-2687 SINGAPORE
400000
Tel No. 1800-7479999



T/20190214/2086

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Report No. T/20190214/2086

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 3 JOSHUA EMMANUEL SHO YI ZHE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/02/2019 14:58

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP153

Medical Cert

CRESCENT CLINIC & SURGERY
BLK 1A EUNOS CRESCENT #01-2473 SINGAPORE 401001
TEL: 6745 8624

Medical Certificate

Date : 18 Feb 2019
MC No. : 0000023883

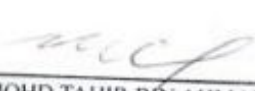
This is to certify that :

Name : MOHD ALI BIN YATIM

NRIC : S1786854C

is Unfit for Duty for 2 days

from 18/02/2019 to 19/02/2019 inclusive.


DR MOHD TAHIR BIN AHMAD
MBBS, MSc(PH), DTM&H

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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