

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	26/02/2019 15:51
Date Of Accident	25/02/2019 15:30
Exact Location Of Accident	ALONG ULU PANDAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5554S
Insured/Policyholder	
Name Of Registered Owner	KWANG CHUN PTE LTD
Co Reg No	201424747H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94687031
Alternative Phone No	OFFICE-94687031

Vehicle Particulars

Manufacturer	FIAT
Model	PUNTO
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994443/100864999-00001
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZULKHAIREE BIN MAHFUL
NRIC No	S9130484H
Date Of Birth	03/09/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2017
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94687031
Fax Number	
Contact Number	OTHERS-94687031
Email Address	NOEMAIL

Address	BLK 118 BEDOK RESERVOIR
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190226/2062

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	SME9135E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KEVIN YAP MING WEN
NRIC/Passport Number	S8941379F
Contact Number	90905208
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLS4617C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TAN JAIME LEI ANN
NRIC/Passport Number S7797024Z
Contact Number 91081227
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ZULKHAIREE BIN MAHFUL
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLX5554S
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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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.

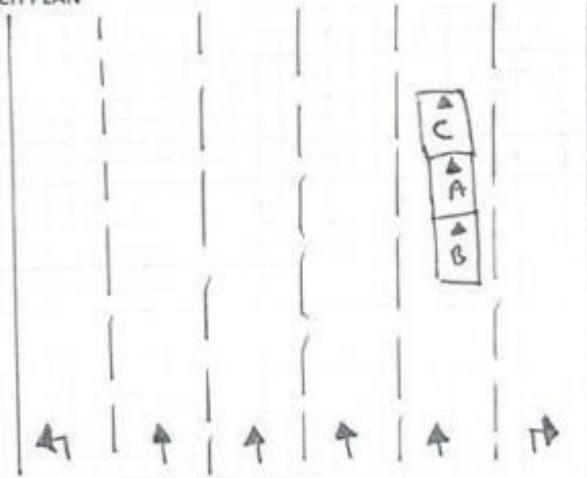

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



Ulu Pandang Road
 vehicle A: SLX 5554S
 vehicle B: SME 9135E
 vehicle C: SLS 4617C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report T/20190226/2062

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.:

28/02/2019
 Rep 4

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2062

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190226/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 12:28		Vide Report No.:		Station Diary No.: 37	
Informant's Particulars					
Name of Informant: MUHAMMAD ZULKHAIREE BIN MAHFUL			Address: APT BLK 118 BEDOK RESERVOIR ROAD #04-82 SINGAPORE 470118		
ID Type / ID No.: NRIC NO / S9130484H			Contact No.: Home/Office:		Mobile: 94687031
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 03/09/1991	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: delivery driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/02/2019 15:30	Type of Location: T-Junction
Location: Along Road 1 ULU PANDAN ROAD heading towards bukit batok				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLS4617C	Car	HONDA	Odyssey	Grey	Seriously Damaged	1
SLX5554S	Car	FIAT	Punto	Black	Seriously Damaged	0
SME9135E	Car	HONDA	HRV	Black	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2082

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190226/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Tan Jaime Lei Ann	ID No.	S7797024Z
Related Vehicle	SLS4617C (Car)	Contact No.	91081227
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD ZULKHAIREE BIN MAHFUL	ID No.	S9130484H
Related Vehicle	SLX5554S (Car)	Contact No.	94687031
Hospital/Clinic	Wong Family Clinic and Surgery Pte Ltd	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	25/02/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Kevin Yap Ming Wen	ID No.	S8941379F
Related Vehicle	SME9135E (Car)	Contact No.	90905208
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL 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 25/2/2019 at around 3.30pm, I was driving my car bearing registration number SLX5554S Fiat Punto blak in colour along Ulu pandan road heading towards Bukit Batok. I was driving at the center lane of the three lane road. As I was approaching the traffic junction, I slowed down to a stop behind another car bearing registration number SLS4617C Honda Odyssey grey in colour at the traffic light was red. While waiting for the traffic to change, out of sudden I felt an impact from the rear of my car that forced my car forward and collided with the car in front of mine. I went out to check and discovered a car bearing registration number SME9135E Honda HRV black in colour had collided to the rear of my car. All of us exchange particulars details and get the vehicle towed. I went to Wong Family Clinic and Surgery Pte Ltd

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2062

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
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Report No. T/20190226/2062

CONTINUATION OF REPORT

for consultation and was given 3 days medical leave.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190226/2062

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20190226/2062

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 /

Sr Staff Sgt ANWAR BIN ZAINAL

Signature Of Informant:

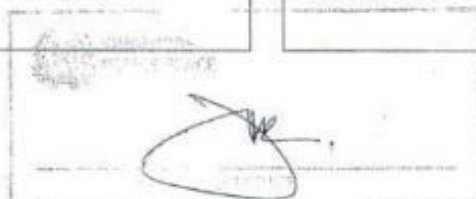
Signature Of Interpreter:
Not applicable

Date/Time:
26/02/2019 12:28

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65472076

Classification Of Case:

Authentication Stamp
NP108



ID



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE 02 Feb 2017

NP 428A



Licence No. S9130484H



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

