

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	11/04/2019 17:49
Date Of Accident	10/04/2019 23:50
Exact Location Of Accident	PIE (CHANGI) B4 KALLANG WAY EXIT (LP 531/50A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV3422M
Insured/Policyholder	
Name Of Registered Owner	BIS MOTORING PTE LTD
Co Reg No	201735055D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84036556
Alternative Phone No	OFFICE-84036556

Vehicle Particulars

Manufacturer	KIA
Model	CARENS 1.7 DCT DIESEL 5DR FWD
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	999994322
Cover Note Number	

Driver

Name of Driver	JAMALUDIN BIN ABDUL KADER
NRIC No	S7521731E
Date Of Birth	19/07/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84036556
Fax Number	
Contact Number	OTHERS-84036556
Email Address	NOEMAIL

Address	BLK 1 EUNOS CRESCENT #13-2513
Postcode	400001
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190411/7010

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	FBD311H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ZULHAIRI BIN ABDUL RASHID
NRIC/Passport Number	S8616345D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	JAMALUDIN BIN ABDUL KADER
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SLV3422M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
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:

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

11/4/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

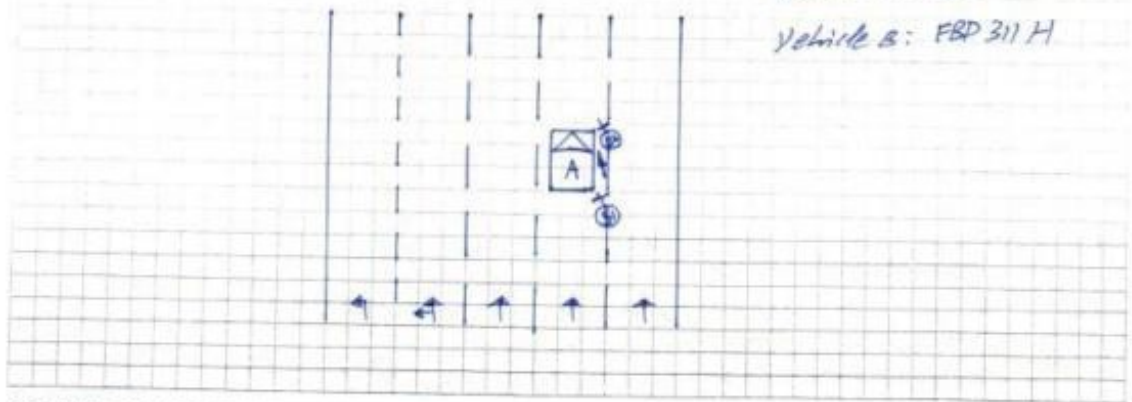
Sketch Plan #2

SKETCH PLAN

PIE (Changi) Before Kallang Way Exit
(LP 531/50A)

Vehicle A: SLV 3422 M

Vehicle B: FBP 311 H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report : T/20190411/7010

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

[Signature] 11/4/2019

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190411/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190411/7010

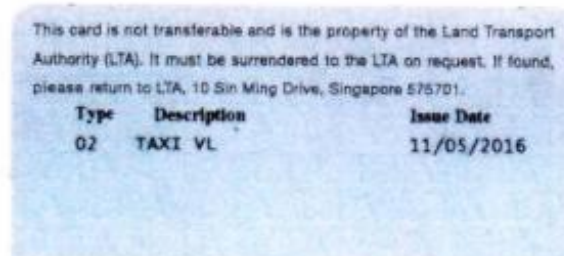
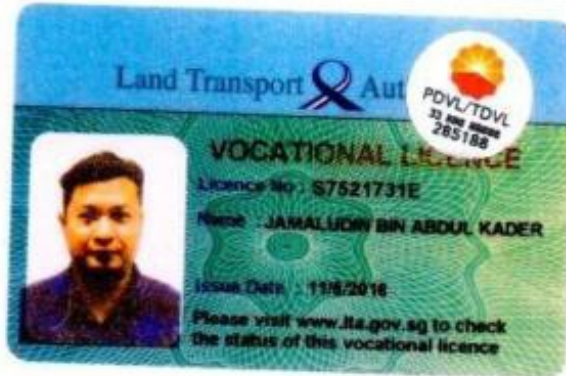
CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZULHAIRI BIN ABDUL RASHID	ID No.	S8616345D
Related Vehicle	FBD311H (Motorcycle)	Contact No.	NIL
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	JAMALUDIN BIN ABDUL KADER	ID No.	S7521731E
Related Vehicle	SLV3422M (Car)	Contact No.	84036556
Hospital/Clinic	THE MEDICAL AND AESTHETIC CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, VEHICLE B CUT INTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION ALL THE WAY TO THE FRONT RIGHT PORTION.

Sketch Plan #4



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190411/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190411/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 17:15		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: JAMALUDIN BIN ABDUL KADER			Address: APT BLK 1 EUNOS CRESCENT #13-2513 SINGAPORE 400001		
ID Type / ID No.: NRIC NO / S7521731E			Contact No.: Home/Office: Mobile: 84036556		
Nationality: SINGAPORE CITIZEN			Email: dinnagaberantai@gmail.com		
Sex: Male	Age: 43	Date of Birth: 19/07/1975	Type of Informant: Driver		
Race: Malay		Language: English		Institution / School Name:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2019 23:50	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY (CHANGI) BEFORE KALLANG WAY EXIT (LP531/50A)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		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
FBD311H	Motorcycle	SUZUKI		Black		0
SLV3422M	Car	KIA	CAREN		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLV3422M	AIG ASIA PACIFIC INSURANCE PTE. LTD.	999994322	26/12/2018	25/12/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190411/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20190411/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZULHAIRI BIN ABDUL RASHID	ID No.	S8616345D
Related Vehicle	FBD311H (Motorcycle)	Contact No.	NIL
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	JAMALUDIN BIN ABDUL KADER	ID No.	S7521731E
Related Vehicle	SLV3422M (Car)	Contact No.	84036556
Hospital/Clinic	THE MEDICAL AND AESTHETIC CLINIC PTE LTD	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE AND TIME, I, VEHICLE A WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY, VEHICLE B CUT INTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT PORTION ALL THE WAY TO THE FRONT RIGHT PORTION.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20190411/7010

3 of 3

Report No. T/20190411/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
11/04/2019 17:15

Classification Of Case: