#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	11/04/2019 18:56
Date Of Accident	11/04/2019 09:00
Exact Location Of Accident	ALONG SLE TOWARDS CITY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLL6942L
Insured/Policyholder	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98672367
Alternative Phone No	OFFICE-67023360
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 999994436/100855728-00000

Cover Note Number

**Driver** 

Name of Driver SALEHUDDIN BIN ABDULLAH SUNNY

NRIC No S2656376C

Date Of Birth 26/10/1963

Occupation INDOOR

Date Of Driving Pass 30/07/1982

Driving Experience 36 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98672367

Fax Number

Contact Number OFFICE-67023360

EMail Address NOEMAIL

Address BLK 17 GHIM MOH ROAD

#05-77

Postcode 220017

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? YES

Foreign Vehicle Registration Number CBU9979 (PRIVATE CAR)

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : RADIAH

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name CLEMENTI NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: NO. 20 CLEMENTI AVENUE 5, POSTCODE: 129858, COUNTRY:

**SINGAPORE** 

Police Station Contact **TEL NO**: 1800-8729999 - **FAX NO**: 67748639

Was notice of intended Prosecution given?

NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO POLICE REPORT T/20190411/2081

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 CBU9979

Vehicle Make/Model/Colour TOYOTA AVANZA (MALAYSIA)

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver JOVEN CHONG

NRIC/Passport Number

Contact Number 82292166

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

SKETCH PLAN

Veh A: SLL 6943 L Veh B: CBU 9979

#### **IMPORTANT NOTICE**

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- 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.
- The 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.
- 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)

l 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 :
  - 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:
  - 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.

" I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS.

1635hrs

DANDELION ED PTE LTD ROC: 201314301M

Policyholder Signatu Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

(No

Name:

NRIC/FIN No

## **Accident Sketch Plan**

ETCH DIAN				
ETCH PLAN eh A: SLL 6942L				
eh B: CBU 9979				
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			No.	
ESCRIBE CIRCUMSTANCES	DE THE ACCIDENT			
	SOLE VINCENSING THE COLUMN	- 1		
Please Refer To Por	ce Report No. 7/2019	0411/2081.		
DECLARATION /We declare the thregoing partic	ulars are true in every respect.			
We declare the foregoing partic	ulars are true in every respect.	1635 ha		10
We declare the foregoing partic	ulars are true in every respect.		a/ ulredoo	19
We declare the foregoing partic DANDELION ED PTE LTD ROC: 201314503M	J.	1635 has	a upodao	18
	ulars are true in every respect.  Driver's Signature (If driver is not the policyho	114-19	Reporting Centry Personher's king	18

### **POLICE REPORT**





Police Station Of Origin: Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

1 of 3 Report No. T/20190411/2081

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 14:04			Vide Report No.:	Station Diary No.: 120	
Informa	nt's Partic	ulars	CONTRACTOR OF STREET		
Name of Informant: Address: SALEHUDDIN BIN ABDULLAH APT BLK 17 GHIM MOH ROAD #05-77 SING SUNNY			AD #05-77 SINGAPORE 270017		
ID Type / ID No.: NRIC NO / S2656376C		76C	Contact No.: Home/Office:	Mobile: 98672367	
Nationality: SINGAPORE CITIZEN		EN .	Email:		
Sex: Male	Age: 55	Date of Birth: 26/10/1963	Type of Informant: Driver		
Race: Malay			Language; English	Institution / School Name:	
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3	Date of Expiry:	

Seneral Inform	mation of the Accide	ent			
Type of Accident:	Non-Injury Others	Drink Drive: No.	Date/Time of Accident: 11/04/2019 00:00	Type of Location Expressway	
Location: Along Road 1 SELETAR EX Along SLE to	PRESSWAY				
Weather: Clear	wards Oity	Road Surface: Dry	F	Road Speed Limit:	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Head 1	o Rear	A	inyone conveyed by imbulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
CBU9979	Car				Slightly Damaged	0
SLL6942L	Car				Slightly Damaged	0

#### POLICE REPORT





Police Station Of Origin: Clementi N.P.C 20 Clementi Avenue 5 SINGAPORE 129858 Tel No: 1800-8729999

Report No. T/20190411/2081

2 of 3

# CONTINUATION OF REPORT

#### Brief Details.

On 11/04/2019 at about 0900hrs, I was driving my car a Black Honda Vezel with vehicle registration number SLL 6942L along SLE towards CTE. I was on the 1st lane of a 4 lane road.

At that point of time I was driving my Grab car and there is a female passenger whom is heading to Plaza Singapura. I was driving at a speed of 95km/h. As traffic was quite heavy, I kept quite a distance from the car in front. The car then did an emergency brake and I manage to slow down.

Unknowingly, there is a Silver Malaysian Toyota Avanza with vehicle registration number CBU9979 had hit me from the rear. The rear of my boot and bumper is dented in. I am still able to drive my car. This is a rented car from Dandelion Ed Pte Ltd. I have informed the car rental company and my insurance company is from AIG.

I have exchange particulars with the driver and his name is Joven Chong HP No: 8229 2166. There is no passenger in his vehicle and no one is injured. No traffic police or ambulance came to scene.

There is no in-vehicle camera in my car. I am not sure if there is any in-vehicle camera in his car. His car side right mirror is damaged as he tried to swerve.

### POLICE REPORT





Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999 CONTINUATION OF REPORT

3 of 3 Report No. T/20190411/2081

# 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:	Signature Of Informant:
Sgt 3 NURAISHAH BINTE OSMAN	Q.A.
Signature Of Interpreter: / Not applicable	Date/Time: 11/04/2019 14:04
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	SINATURE





















#### **Identification Card**







