

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	16/04/2019 13:09
Date Of Accident	15/04/2019 05:05
Exact Location Of Accident	T1 ARRIVAL CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS3124M
Insured/Policyholder	
Name Of Registered Owner	MARIC & PARTNERS PTE LTD
Co Reg No	201620701N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81258124

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	REPORTING ONLY
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	999994654
Cover Note Number	-

Driver

Name of Driver	MOHD ISMAIL BIN RIDUAN
NRIC No	S1838534A
Date Of Birth	15/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	08/09/1998
Driving Experience	20 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81258124
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 765 WOODLANDS CIRCLE #04-368
Postcode	730765
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	COLLIDED INTO PEDESTRIAN
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?	YES
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SD CARD WITH TP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	PEDESTRIAN

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH6361B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAXI DRIVER

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SH6361B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

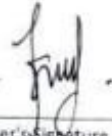
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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.

Maric & Partners Pte Ltd
Co Reg No 201620701N
9 Tagore Lane #03-04
Singapore 787472

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

V.A) SJS3124M
V.B) SH 6361B

Terminal 1 Arrival Crescent

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

Passenger 1 & 2: Grab (x2 female)
Passenger 3: Grab (x1 male)

DECLARATION

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

Maric & Partners Pte Ltd
Co Reg No 201620701N

9 Telok Lane #03-04
Singapore 767472

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/20190415/2022

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No: T/20190415/2022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2019 10:26		Vide Report No.:	Station Diary No.: 52
Informant's Particulars			
Name of Informant: MOHD ISMAIL BIN RIDUAN		Address: APT BLK 765 WOODLANDS CIRCLE #04-368 SINGAPORE 730765	
ID Type / ID No.: NRIC NO / S1838534A		Contact No.: Home/Office: Mobile: 81258124	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 15/05/1967	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/04/2019 05:05	Type of Location: Straight Road
Location: Along Road 1 T1 ARRIVAL CRESCENT				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: No Traffic		
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH6361B	TAXI	HYUNDAI	I40	Blue		0
SJS3124M	Car	HYUNDAI	AVANTE	Black		0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190415/2022

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190415/2022

CONTINUATION OF REPORT

Driver				
Name	MOHD ISMAIL BIN RIDUAN		ID No.	S1838534A
Related Vehicle	SJS3124M (Car)		Contact No.	81258124
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On 15/04/2019 at about 0505hrs, I was dropping off a passenger at Changi Airport Terminal 1 arrival hall. I stopped behind a taxi whose passenger was unloading her luggage. Upon stopping, I did not change gear to neutral or park. Instead, I only pulled my handbrake and exited the car to assist my passenger with her luggage. As I was exiting my car, I felt the vehicle continue to move forward. As such, I went back in the car to try and stop the vehicle. However, I accidentally stepped on the accelerator and the vehicle moved forward.

As a result, the ^{passenger of the taxi} passenger of the taxi driver was hit. However, I managed to stop the car before the collision became worse. Subsequently, Traffic Police and ambulance came. The said passenger was conveyed to the hospital and i was advised to lodge a report by the police.

This is the first time such incident happened and I have been a Grab Driver for about 2 years. I wish to state that I am not injured and that there is no damage to my vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190415/2022

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20190415/2022

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:

L /

Sgt 2 MUHAMMAD SYAFIQ BIN ABDUL
MANAF

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/04/2019 10:26

Officer In Charge Of Case:

TP / GIT /

SI THABAGESH JEYATHESH

Contact No.: 65476232

Classification Of Case:

SN 130

Authentication Stamp

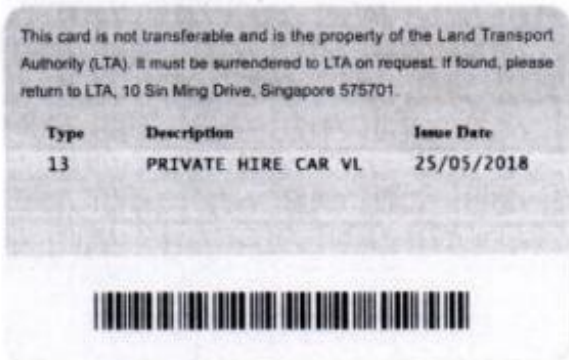
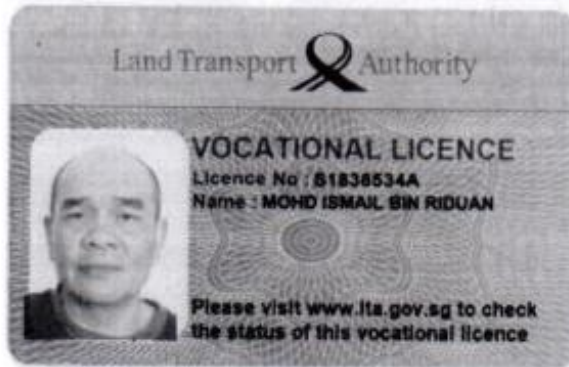
NP168



Signature :

Singapore Police Force

DRIVING DOC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

