

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	23/04/2019 16:39
Date Of Accident	22/04/2019 13:00
Exact Location Of Accident	TANJONG KATONG ROAD TOWARDS MOUNTBATTEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8044J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	AMMARKTM92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87491848
Alternative Phone No	OFFICE-87491848

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WARRANT ENFORCEMENT DUTIES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AMMAR BIN MOHAMED ESA
NRIC No	S9242298D
Date Of Birth	19/11/1992
Occupation	OUTDOOR
Date Of Driving Pass	24/06/2013
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87491848
Fax Number	
Contact Number	OTHERS-87491848
Email Address	AMMARKTM92@GMAIL.COM

Address	BLK 255 TAMPINES STREET 21 #02-70
Postcode	521255
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	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?	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)	2
Passenger 1	NAME: : KON LEE HUI 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 SKETCH AND POLICE REPORT T/20190422/2137

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 Witness 1

Name	LOW JUN HAO
Phone Number	90056755
Email Address	JUN_HAO_LOW@SPF.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFA9966C
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	LM AI TENG
NRIC/Passport Number	S6946215D
Contact Number	96848996
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGK9857U
Vehicle Make/Model/Colour	TOYOTA VIOS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NIZAR BIN SINHA
NRIC/Passport Number	S8104659Z
Contact Number	96133047
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :
Passenger 2	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD AMMAR BIN MOHAMED ESA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SLR8044J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	KON LEE HUI
Approximate Age	
Injuries Sustain	NECK
Injured person in which vehicle?	SLR8044J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

Accident Sketch Plan

SKETCH PLAN

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II. 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: 22/04/2019

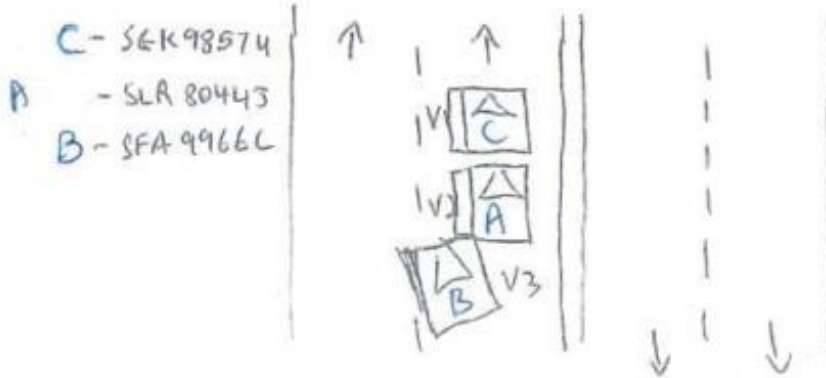

Reporting Centre Personnel's Signature
Name: 23/04/2019
NRIC/IN No.:

1915 hours

Accident Sketch Plan

Along Tanjong Katong Road

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Tanjong Katong Rd towards Macmillan Rd in between of Macmillan Rd junction and Dunman Lane opposite site of SPC.

On the 22nd of April 2019, at around 1300 hours, I was driving the Actos Police Vehicle, SLR80443 and was returning to base. I was driving along Tanjong Katong Road and I was reaching junction of Swanage Road. There was a car, SEK98574 who was driving directly ahead of me.

The car then suddenly slowed down to a stop and so ^{did} I as there was a van who wanted to turn right into SPC petrol kiosk. I managed to stop in time but it was quite close to the car ahead. Suddenly, I felt a big impact to the back of my car, which then caused my car to surge forward and hit the car ahead of mine, SEK98574. I and my partner who was at the passenger seat were in pain due to the impact but it was minor. I got out to check and saw that another car, SFA99666 had collided into mine. The driver (Lim AZ TENG) apologized to me repeatedly. I then called the police reference to 6/20190422/0083. The ambulance also came and my partner, KOH LEE HUI, 62326420, was conveyed to Raffles Hospital due to pain in the neck. The other drivers were okay.

Police Report T/20190422/2137

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: 22/04/2019

Reporting Centre Personnel's Signature
Name:
TRIC/VIR No.:

1915 hrs

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190422/2137

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

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Report No. T/20190422/2137

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2019 18:35		Vide Report No.: G/20190422/0083	Station Diary No.: 97
Informant's Particulars			
Name of Informant: MUHAMMAD AMMAR BIN MOHAMED ESA		Address: APT BLK 255 TAMPINES STREET 21 #02-70 SINGAPORE 521255	
ID Type / ID No.: NRIC NO / S9242298D		Contact No.: Home/Office: Mobile: 87491848	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 19/11/1992	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: AETOS		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/04/2019 13:00	Type of Location: Straight Road
Location: Along Road 1 TANJONG KATONG ROAD				
Tanjong Katong Road towards Mount Batten Road between the junction of Dunman Road and Swanage Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFA9966C	Car				Seriously Damaged	1
SGK9857U	Car				Slightly Damaged	3
SLR8044J	Car				Slightly Damaged	1

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190422/2137

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

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Report No. T/20190422/2137

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM AI TENG	ID No.	S6946215D
Related Vehicle	SFA9966C (Car)	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	NIZAR BIN SINHA	ID No.	S8104859Z
Related Vehicle	SGK9857U (Car)	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	MUHAMMAD AMMAR BIN MOHAMED ESA	ID No.	S9242298D
Related Vehicle	SLR8044J (Car)	Contact No.	87491848
Hospital/Clinic	MYHEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	22/04/2019	Date Discharge	22/04/2019
No. of Days granted Medical Leave	02	Degree of Injury	NIL

Brief Details.

On the 22nd of April 2019, at around 1300hrs, I was driving the AETOS Police vehicle, bearing the SLR8044J and was returning to base. I was driving along Tanjong Katong Road and I was reaching the junction of Swanage Rd. There was a car bearing the registration plate SGK9857U who was driving directly ahead of me.

The car the suddenly slowed down to a stop and so did I as there was a van who wanted to turn right. I managed to stop in time but it was quite close to the car ahead. Suddenly, I felt a big impact to the back of my car, which then caused my car to surge forward and hit the car ahead of mine.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190422/2137

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

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Report No. T/20190422/2137

CONTINUATION OF REPORT

I and my partner who was at the passenger seat were in pain due to the impact but it was minor. I got out to check and saw that another car, SFA9966C had collided into mine. The driver(Lim Ai Teng) apologized to me repeatedly. I then called for the police reference to G/20190422/0083. The ambulance also came and my partner, Kon Lee Hui, G2326420Q, was conveyed to Raffles Hospital due to pain in the neck. The other drivers were okay.

I was then asked to make a Police Report.

I went to a Clinic for a checkup as I too had minor pain in my head and I was given 2 days of medical leave.



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190422/2137

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

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Report No. T/20190422/2137

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: D / Sgt 2 NABIL FIKRI BIN ADNAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/04/2019 18:35
Officer In Charge Of Case: TP / GIT / Staff Sgt NOR HIDAYU BINTE ABDUL SAMAD Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	SN-37
 SIGNATURE	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9242298D



Name

MUHAMMAD AMMAR BIN MOHAMED
ESA

Race

MALAY

Date of Birth

19-11-1992

Country of Birth

SINGAPORE

Sex

M

11111111



Card No. S9242298D



Date of Issue
11-03-2015

Address

APT ELE 255 TAMPAK STREET 21
#02-10
SINGAPORE 321253

Driving License

