

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	17/05/2019 14:05
Date Of Accident	16/05/2019 15:10
Exact Location Of Accident	ALONG BERWICK DR TOWARDS TAVISTOCK AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT3640K
Insured/Policyholder	
Name Of Registered Owner	ANC MOTORING PTE LTD
Co Reg No	201527433C
Email Address	SQUARECAR123@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-86667800

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident

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	YES
Policy Number	999994417
Cover Note Number	

Driver

Name of Driver	JEFFRY BIN AMAT
NRIC No	S7142022A
Date Of Birth	04/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92296979
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 665 HOUGANG AVENUE 4
Postcode	530665
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 - CROSS JUNCTION
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 [OTHER]	HOUGANG N.P.C 60 HOUGANG AVENUE 9 SINGAPORE 538775
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED SKETCH PLAN AND POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4245D
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YAP KOK WAH
NRIC/Passport Number	
Contact Number	96900923
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	JEFFRY BIN AMAT
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLT3640K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

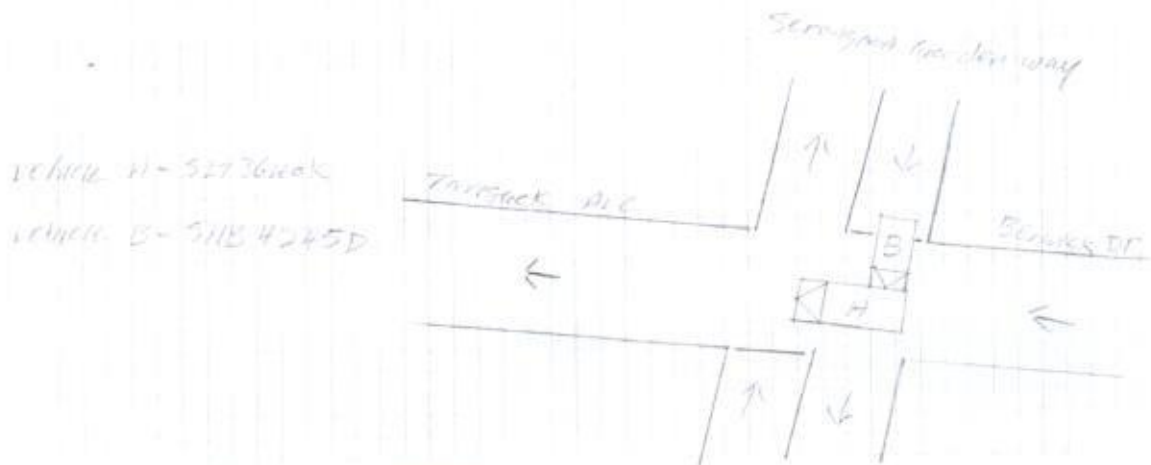


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/05/19 @ about 1510hrs, I vehicle A SLT 36XOK was travelling from BERUKK DR towards TRAVISTOCK AVE to pick up my passenger. Upon reaching the junction off Serangoon Garden Way, suddenly I felt a very huge impact from my right rear side & my vehicle almost loss control. Hence, I get off from the car to check & realise that vehicle B SLB 4245D on the cross direction of Serangoon Garden Way had collided onto my vehicle.

I wish to state that I had try to pick up my speed as his driving quite fast from the right but end up I just couldn't avoid the accident. & also the Taxi failed to stop before the white line.

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: bel
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190516/2169

Police Station Of Origin
Hougang N.P.C.
60 Hougang Avenue 9 SINGAPORE 538775
Tel No 1800-4890999

1 of 3

Report No. T/20190516/2169

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 16/05/2019 21 56	Vide Report No.	Station Diary No. 117
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Informant's Particulars

Name of Informant JEFFRY BIN AMAT		Address APT BLK 665 HOUGANG AVENUE 4 #07-345 SINGAPORE 530665	
ID Type / ID No NRIC NO / S7142022A		Contact No. Home/Office: Mobile 92296979	
Nationality SINGAPORE CITIZEN		Email	
Sex Male	Age 47	Date of Birth 04/11/1971	Type of Informant Driver
Race Javanese		Language	Institution / School Name
Occupation Grab driver		Driving Licence Information Class	Date of Expiry

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 16/05/2019 15:00	Type of Location X-Junction
Location BERWICK DRIVE SERANGOON GARDEN WAY FROM BERWICK DRIVE TOWARDS TAVISTOCK AVENUE				
Weather Clear		Road Surface Dry	Road Speed Limit	
Traffic Flow		Traffic Control Not Controlled	Traffic Volume Light	
Type of Collision Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4245D	TAXI				Slightly Damaged	1
SLT3640K	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20190516/2169

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

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Report No. T/20190516/2169

CONTINUATION OF REPORT

Brief Details.

On 16/05/2019 at about 1500hrs, I was driving my grab car bearing SLT3640K along Berwick Drive which is a one-way road towards Tavistock Avenue. As I came to the junction of Berwick Drive and Serangoon Garden Way, on my right I saw a taxi bearing SHB4245D approaching me from Serangoon Garden Way. I did not stop as I had the right of way. The taxi should have stopped as there is a stop line at the junction. I was at the middle of the junction when I felt the impact of a collision on the right rear of my car. My car kept moving and I had a hard time trying to control the steering before coming to a stop. Both the taxi driver and I alighted from our cars and exchanged particulars. We did not call for police nor ambulance as none of us including the passenger was injured. There were dents on the right rear passenger door and the door was also torn. Both vehicles have in-built camera.

On 16/05/2019, at about 1930hrs, I felt pain on my shoulder and as such went to see the doctor. I was given 5 days of medical leave from 16/05/2019 to 20/05/2019. Taxi driver of SHB4245D is one Yap kok Wah, S1227826H and can be contacted at 96900923.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Hougang N P C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No. 1800-4890999



T/20190516/2169

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Report No. T/20190516/2169

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:
F /
Sgt 3 SATHYA VANI D/O PARAMASIVAN RAJU

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No.: 65476404

Authentication Stamp
NP143

Signature Of Informant:

Date/Time:
16/05/2019 21:56

Classification Of Case: