MBIS19098424 / BIS Automobiles Pte Ltd - HQ ENTRY DATE & TIME: 29/07/2019 09:01 SUBMITTED BY: Tan Kok Ting

# Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 29/07/2019 09:22

#### SINGAPORE ACCIDENT STATEMENT

#### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 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

	ACCIDENT STATEMENT
Date Of Report	29/07/2019 09:01
Date Of Accident	21/05/2019 10:30
exact Location Of Accident	317 ALEXANDRA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
/ehicle Registration Number	SKL1528U
nsured/Policyholder	
lame Of Registered Owner	PRESTIGE PREMIUM LEASE PTE LTD
Co Reg No	201408247E
mail Address	EVE.NG@MUNICHAUTO.COM.SG
Mobile Phone No	
Alternative Phone No	Office-68963933
/ehicle Particulars	
<i>M</i> anufacturer	BMW
Лodel	X6 M50D-3.0 (A)
exact Purpose for which vehicle was being used at ime of accident	
are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
nsurance Company	
lame of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
ype Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	1700074680-01
Cover Note Number	
Driver	
lame of Driver	RAMLAN BIN ABDUL HAMID
IRIC No	S1331730E
Date Of Birth	11/07/1958

**OUTDOOR** 

17/10/1997

21 YEARS AND 7 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-98212474

Fax Number

**Contact Number** 

**EMail Address NOEMAIL** 

Address 269A TISHUN STREET 22 #12-533

Postcode 761269

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

2

NO

NO

YES

YES

YES

1

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: **Police Station Address** 

**SINGAPORE** 

**Police Station Contact** TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

Refer to attached sketch plan

Attachment(s)

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

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHB9905A Vehicle Make/Model/Colour TAXI

**Details Of Properties** 

Vehicle Category Name of Driver

TAXI

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

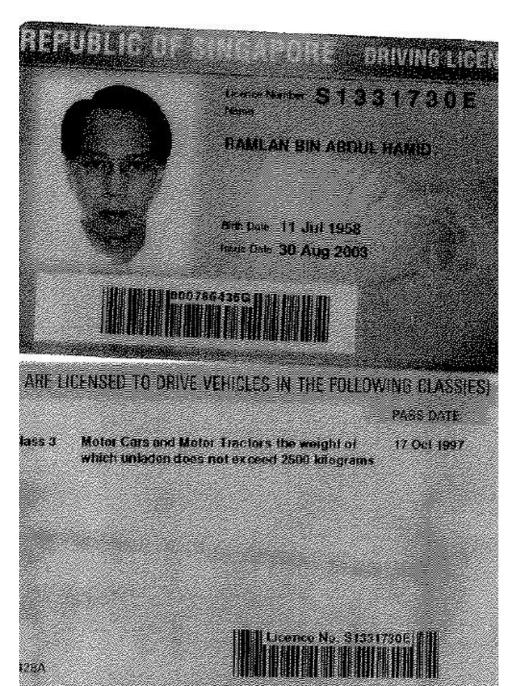
Nature Of Damage

No. Of Passenger (Including Driver)

### **Sketch Plan**

CHRAGO	
SHB9905A SIC	-LIDBY (Dropost/pick-op point).
1-1/2	
	Slope
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT
1 may 2019	
KEA alexand	ling main Lobby 317 Alexandra Ad
7	dup off and pict
I was fryi	of to come out from the pating top p
and acetal	ly scratch the to Dover lot
humar of	OHB 9905A. Damage on SHB 9905A
00 01	NIB //OUT - AMAGE ON NAB 9401A
cubs Just	Scratch.
ECLARATION	
ECLARATION We declare the foregoing partic	culars are true in every respect.
	culars are true ip every respect.
We declare the foregoing partic	1
e declare the foregoing partic cyholder's Signature	Priver's Maphagine Reporting Centre Personnel's Signature
	1

sphilate Scotts Printing Na



police report



Report No. 7/20190710/2016

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

Date/Time Report Ma 10/07/2019 05:59			Station Diary No 14	
informant's Particul	ars			
Name of Informant RAMLAN BIN ABOUL HAMID		Address APT BLK 269A YISHUN STREET 22 #12-533 SINGAPORE 761269		
ID Type / ID No.: NRIC NO / \$1331730E		Contact No.: Home/Office	Mobile 98212474	
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Age: 60	Date of Birth: 11/07/1958	Type of Informant: Driver		
Race: Malay		Language: English	Institution / School Name	
Occupation: PERSONAL DRIVER		Driving Licence Information Class: 3	Date of Expiry	

Type of Accident	Non-Injury Others	Drink Drive: No	Date/Time of Accident 21/05/2019 10:30	Type of Location Drop off lobby
Location Along Road 1 ALEXANDRA Ikea Queens Weather: Clear		off point Road Surface Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control	1	Traffic Volume: Heavy
Type of Coll	ision:	Swipe - Same Direction		Anyone conveyed by ambulance

Details of V	emcie myo	1100			Land Company	No of Consumo
Vehicle No	Туре	Make	Model	Color	Condition	No of Passenge
SHB9905A						0
SKL1528U	Car				Slightly	0

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





Police Station Of Origin Sembawang N.P.C. 4 Sembawang Crescent SINGAPORE 757633 Tel No. 1800-5549999

2 of 3 Report No. 1/201907190016

CONTINUATION OF REPORT

Name	DAME AND DISCADENCE MARKET			
TValle.	RAMLAN BIN ABDUL HAMID		ID No.	S1331730E
Related Vehicle	SKL1528U (Car)		Contact No.	98212474
Managinal States				3000, 10, 47.4
Hospital/Clinic			Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry. NIL
Date Treatment	NIL	Date Disci		
		Date Disci	harge NIL	
and the Bround	ed Medical Leave NIL	Degree of	Injury NIL	

#### Brief Details.

On 21/05/2019 at about 10.30am, I had drove my boss vehicle of registration number SKL1528U. I was driving into the Ikea Queensway pick up lobby to pick up my boss and also load the item she bought. I noticed that there is already 1 taxi waiting at the taxi stand, and the second taxi also stop behind. As there was more than enough space for me to manouever, I made a turn and keep to the right. After I had stop my vehicle. The taxi driver of registration number SHB9905A approach me and informed that I had hit his car. I made a check and notice there is a scratch on my vehicle front right comer of the bumper, while the taxi do have scratch on his rear left corner bumper.

As my boss was talking to the taxi driver, I assisted to load my boss items into the car. My boss did took down the taxi driver particular. Subsequently we left with no further complaint. No one required immediate medical attention, and my boss assist to lodge the matter with the insurance.



Report No. 1/20190710/2016

Police Station Of Origin: Sembawang N P C 4 Sembawang Crescent SINGAPORE 757633 Tel No 1800-5549999

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 85474885 stating the report number as reference.

Signature Of Officer Recording The Report Sr Staff Agr NURADZYIAN BINTE SULAMIL Signature: Signature Of Interpretar Olice Force Officer in Charge Of Case TP/GIA/ Staff Sgt WONG SIEU LUI Contact No. 65476151

Authentication Stamp

NP166

Signature Of Informant Date/Time. 10/07/2019 05:59 Classification Of Case

## **Accident Photo**



## **Accident Photo**







## **Accident Photo**

