

## 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	24/05/2019 17:17
Date Of Accident	23/05/2019 13:20
Exact Location Of Accident	EAST COAST CARPARK E2 LOT 161
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW9829M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ZAIDI BIN UTTU
NRIC No	S7036261I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94288886
Alternative Phone No	OTHERS-94288886

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1700028304-01
Cover Note Number	

### Driver

Name of Driver	UTTU BIN AB RAHMAN
NRIC No	S0983722A
Date Of Birth	14/11/1946
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94288886
Fax Number	
Contact Number	OTHERS-94288886
EEmail Address	NOEMAIL

Address	BLK 539 WOODLANDS DRIVE 12 #03-117
Postcode	730539
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 526 BEDOK NORTH STREET 3 #01-448 , <b>POSTCODE:</b> 460526 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4429999 - <b>FAX NO:</b> 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190523/2097

#### 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	SJZ1626H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	UTTU BIN AB RAHMAN
Approximate Age	
Injuries Sustain	NECK AND BACK PAIN
Injured person in which vehicle?	SGW9829M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

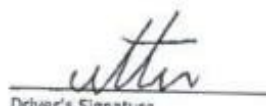
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

X   
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 EAST COAST CAR PARK E2 LOT 161

VEH A = SGW 9829 M

VEH B = SJZ 1626 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police Report NO: T/20190523/2097

## DECLARATION

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

x *[Signature]*

Policyholder's Signature  
Date & Time:

GIARM SketchPlanForm\_V3

*[Signature]*

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

*[Signature]* 24/05/2019  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: *[Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190523/2097

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20190523/2097

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/05/2019 15:31		Vide Report No.: G/20190523/0094		Station Diary No.: 11	
<b>Informant's Particulars</b>					
Name of Informant: UTTU BIN AB RAHMAN			Address: APT BLK 539 WOODLANDS DRIVE 16 #03-117 SINGAPORE 730539		
ID Type / ID No.: NRIC NO / S0983722A			Contact No.: Home/Office: Mobile: 94288886		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 72	Date of Birth: 14/11/1946	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/05/2019 13:20	Type of Location: Car Park
Location: Along Road 1 EAST COAST PARKWAY CARPARK E2 LOT 116				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Rear to Side				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGW9829M	Car	MITSUBISHI	LANCER EX	Red	Seriously Damaged	0
SJZ1626H	Car	HONDA	CIVIC	Black	Seriously Damaged	0

## Details of Person Involved

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

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T/20190523/2097

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Tel No: 1800-4429999

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Report No. T/20190523/2097

## CONTINUATION OF REPORT

Driver			
Name	UTTU BIN AB RAHMAN	ID No.	S0983722A
Related Vehicle	SGW9829M (Car)	Contact No.	94288886
Hospital/Clinic	UNIHEALTH CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	23/05/2019	Date Discharge	23/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

On 23/05/2019 at about 1.20pm, my red Mitsubishi Lancer Ex bearing vehicle registration number SGW9829M was parked head in to lot 116 of East Coast Park Carpark E2. I proceeded to make a check for oncoming vehicle and as it was clear, I proceeded to reverse my car out of the lot. Out of a sudden, I felt an impact on the rear of my vehicle. I went out to make a check and discovered that the right side of a black Honda Civic bearing vehicle registration number SJZ1626H had side-swiped the rear of my car. I wish to state that the said vehicle was travelling on the opposite direction and the road was a one-way road.

At that point of time, no one required immediate medical attention. I then proceeded to call for the police. Upon arrival of police, they had called for the ambulance as I was not feeling well. However, after paramedics made a check on me, I told them that I will seek my own medical treatment and refused conveyance. I wish to add that my vehicle had to be towed away.

I then proceeded to Unihealth Clinic (Bedok) and was given MC of 3 days. I wish to state that I have an in-car camera that records the rear of my vehicle but I have yet to make a check on the footage.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190523/2097

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526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20190523/2097

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:

G /

Sgt 3 KHAIRI YAHYA BIN MOHD SANI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No: 65476358

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

23/05/2019 15:31

Classification Of Case:



SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



## Identification Card

