

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	30/05/2019 15:51
Date Of Accident	26/05/2019 13:40
Exact Location Of Accident	SERANGOON CENTRAL TOWARDS BOUNDARY RD SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8043K
Insured/Policyholder	
Name Of Registered Owner	ASSET LIMO
Co Reg No	53309913K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81804525
Alternative Phone No	OFFICE-81804525

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994238
Cover Note Number	

Driver

Name of Driver	KOH YUET YAU
NRIC No	S1821037A
Date Of Birth	11/04/1967
Occupation	INDOOR
Date Of Driving Pass	11/09/1993
Driving Experience	25 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81804525
Fax Number	
Contact Number	OTHERS-81804525
Email Address	NOEMAIL

Address	BLK 172B EDGEDALE PLAINS #13-480
Postcode	822172
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 - 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	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)	4
Passenger 1	NAME: : ZEROUALI SOFIANE GENDER: : MALE
Passenger 2	NAME: : SAID ZEROUALI GENDER: : MALE
Passenger 3	NAME: : TAROUATE EP ZEROUALI SANA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190527/7012

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	SHC5503Y
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KOH YUET YAU
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJR8043K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	ZEROUALI SOFIANE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJR8043K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	TAROUATE EP ZEROUALI SANA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJR8043K
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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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:

30/05/2019
Reporting Centre Personnel's Signature
Name: Rosli Hassan
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Sevangoon Central towards
Boundary Road Slip Road
Vehicle A: SJR 8043K
Vehicle B: SHC 5503Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T | 20190527/7012

Passenger: Zerwali Sofiane (male)
Said Zerwali (male)
Tawarade EP Zerwali Song (Female)

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: Leah
NRIC/FIN No: 9201 2345 6789

30/05/2019

Donner's Signature

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190527/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190527/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2019 12:54	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: KOH YUET YAU		Address: APT BLK 172B EDGEDALE PLAINS #13-480 SINGAPORE 822172	
ID Type / ID No.: NRIC NO / S1821037A		Contact No.: Home/Office:	Mobile: 81804525
Nationality: SINGAPORE CITIZEN		Email: perrie@respore.com	
Sex: Female	Age: 52	Date of Birth: 11/04/1967	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Property Agent		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/05/2019 13:40	Type of Location: Slip Road
Location: SERANGOON CENTRAL				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5503Y	Car					0
SJR8043K	Car					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/20190527/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190527/7012

CONTINUATION OF REPORT

Driver			
Name	KOH YUET YAU	ID No.	S1821037A
Related Vehicle	SJR8043K (Car)	Contact No.	81804525
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/05/2019	Date Discharge	26/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	Zerouali Sofiane	ID No.	G3398435P
Related Vehicle	SJR8043K (Car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/05/2019	Date Discharge	27/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	Tarouate EP Zerouali Sana	ID No.	G3398403R
Related Vehicle	SJR8043K (Car)	Contact No.	NIL
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/05/2019	Date Discharge	26/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On the stated date & time, I Vehicle A (SJR 8043 K) was stationary waiting for vehicles on the main road to pass. Suddenly Vehicle B (SHC 5503 Y) hit onto my vehicle rear portion.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190527/7012

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190527/7012

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/05/2019 12:54

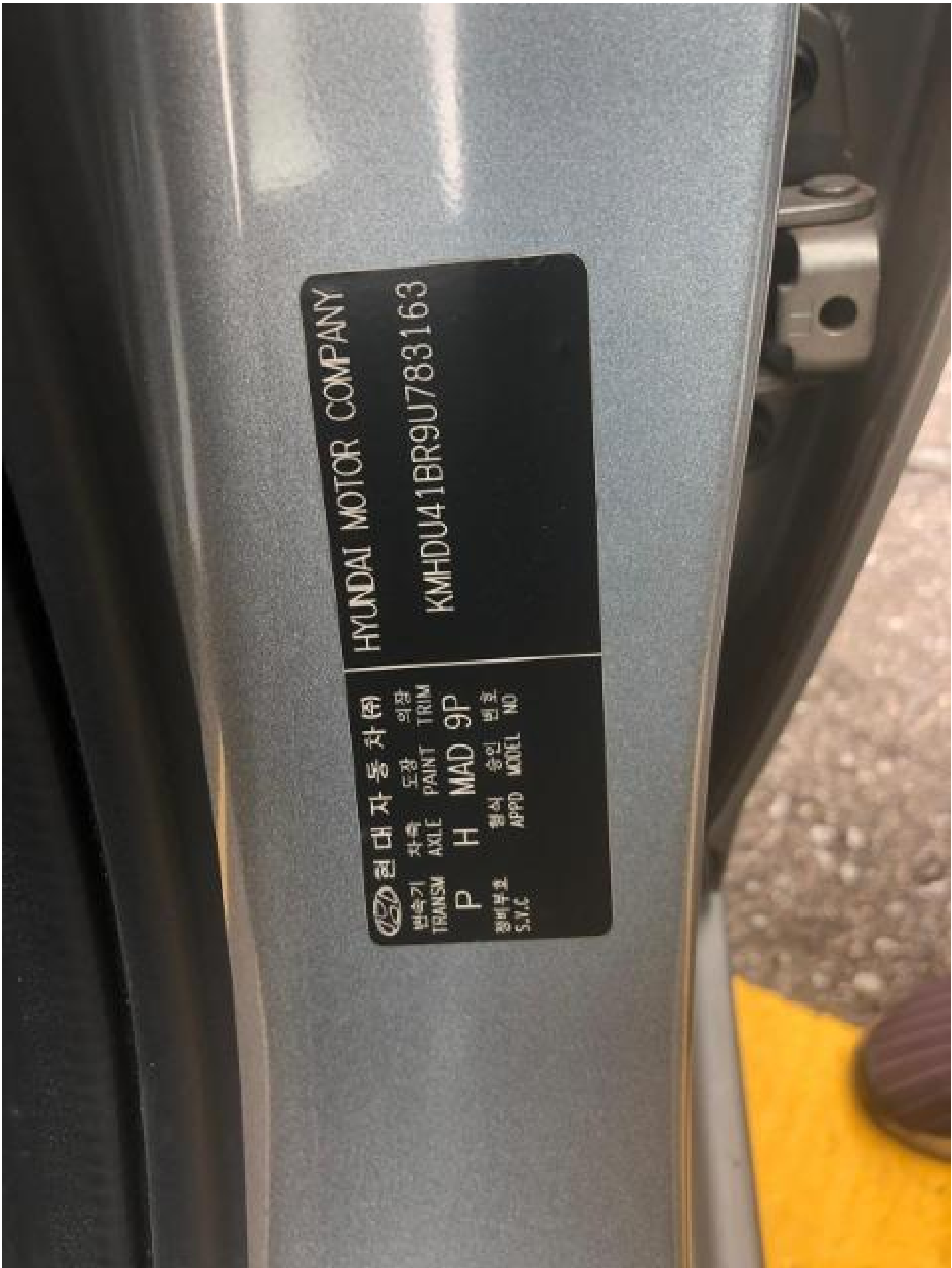
Classification Of Case:

Accident Photo



Driving License





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Driving License



For LKK/NAC Use Only

