

## 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	27/06/2019 15:15
Date Of Accident	26/06/2019 10:20
Exact Location Of Accident	AYE HEADING TOWARDS MCE LAMP POST NUMBER :272
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ702G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96425179
Alternative Phone No	OFFICE-96425179

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	999994313
Cover Note Number	

### Driver

Name of Driver	AHMAD ZAHIR BIN MOHAMED ALI
NRIC No	S9118656Z
Date Of Birth	02/06/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96425179
Fax Number	
Contact Number	OTHERS-96425179
EEmail Address	NOEMAIL

Address	BLK 329 JURONG EAST AVENUE 1 #04-1680
Postcode	600329
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	6
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)	3
Passenger 1	NAME: : PANDIAN JAIKUMAR GENDER: : MALE
Passenger 2	NAME: : CHANDRA SEKAR A/L PUNUSAMY GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 700 CORPORATION ROAD , <b>POSTCODE:</b> 649818 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2689999 - <b>FAX NO:</b> 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190626/2136

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP5865H
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD1476Z  
Vehicle Make/Model/Colour ISUZU  
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)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GX1495P  
Vehicle Make/Model/Colour KIA  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number YN6486Y  
Vehicle Make/Model/Colour MITSUBISHI  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

1

#### DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number XD5595L

Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	AHMAD ZAHIR BIN MOHAMED ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBJ702G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	PANDIAN JAIKUMAR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBJ702G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 3

Name	CHAMDRA SEKAR A/L PUNUSAMY
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	GBJ702G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### 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. The 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 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



Policyholder's Signature  
Date & Time:



Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/06/19 10:05 AM



27/06/2019  
Reporting Centre Personnel's Signature  
Name: Rossy Lim  
NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN AYK KAWBROS MCE LAMP POST NUMBER 272

- A) GBJ702G
- B) VP 5865H
- C) XD 1476Z
- D) GX 1495P
- E) YN 6486Y
- F) XD 5595L

F		
E		
A		
B		
C		
D		

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Refer to Police Report -*

*7/20/90628/2136*

## DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time:

*[Signature]*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/6/2019

*[Signature]* 27/06/2019  
Reporting Centre Personnel's Signature  
Name: *Rafael*  
NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190626/2136

1 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190626/2136

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2019 17:57		Vide Report No.:		Station Diary No.: 234	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD ZAHIR BIN MOHAMED ALI			Address: APT BLK 329 JURONG EAST AVENUE 1 #04-1680 SINGAPORE 600329		
ID Type / ID No.: NRIC NO / S9118656Z			Contact No.: Home/Office: Mobile: 96425179		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 02/06/1991	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: MAINTENANCE			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/06/2019 10:20	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY  AYE HEADING TOWARDS MCE				
Lamp Post Number: 272				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
GBJ702G A	Van	NISSAN	NV200 1.5 MT	White	Seriously Damaged	2
GX1495P D	Lorry	KIA			Slightly Damaged	0
XD1476Z C	Lorry	ISUZU			Slightly Damaged	0



**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20190626/2136

2 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190626/2136

**CONTINUATION OF REPORT**

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
XD5595L	Lorry	VOLVO			Slightly Damaged	0
YN6486Y	Lorry	MITSUBISHI			Slightly Damaged	0
YP5865H	Lorry	MITSUBISHI			Slightly Damaged	0

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	PANDIAN JAIKUMAR	ID No.	G7418180K
Related Vehicle	GBJ702G (Van)	Contact No.	96425920
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	AHMAD ZAHIR BIN MOHAMED ALI	ID No.	S9118656Z
Related Vehicle	GBJ702G (Van)	Contact No.	96425179
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	CHANDRA SEKAR A/L PUNUSAMY	ID No.	G8032250Q
Related Vehicle	GBJ702G (Van)	Contact No.	97245619
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/06/2019	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190626/2136

3 of 4

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

Report No. T/20190626/2136

### CONTINUATION OF REPORT

#### Brief Details.

On 26/06/2019 at 1020hrs, I was driving, GBJ702G along AYE on the left most lane heading towards MCE. I suddenly observed the vehicle in front of me, YN6486Y jam braked and I was able to stop in time however, I felt an impact from my rear and it propelled my vehicle forward. My vehicle collided against the front vehicle scaffolding. My vehicle front body panel is badly damaged. I exited my vehicle and observed that there was a chain collision involving altogether 6 vehicles.

Traffic police and ambulance was at scene however, I do not have the report number. No one was conveyed by ambulance.

I have a front in-car camera and it had recorded the accident.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20190626/2136

4 of 4

Report No. T/20190626/2136

## 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:

J /

Sgt 2 SITI KHAIRUNNISA BINTE RAMANAH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/06/2019 17:57

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SUFIYAN BIN KHAIRI

Contact No.: 65476390

Classification Of Case:

Authentication Stamp

NP168

POLICE REPORT



Traffic Police  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865


NP 168 No: T/20190629/2136  
Accident Date / Time: 26/06/2019 @ 1020hrs  
Vehicle(s) involved: XD5595L  
YN6486Y  
GBJ702G  
YP5865H  
XD1476Z  
GX1495P

Name: Ahmad Zahir Bin Mohamed Ali  
Address: Blk 329 Jurong East Ave 1  
#04-1680 S(600329)  
NRIC No: S9118656Z  
Tel No: 96425179  
Date: 26/06/2019


Reference to the previous report, I wish to add as follows:

I would like to state that my vehicle, GBJ702G was hit from the rear by YP5865H. My rear body panel was badly damaged due to the collision.

That is all.

  
Yours faithfully



 7160333

Accident Photo



Accident Photo





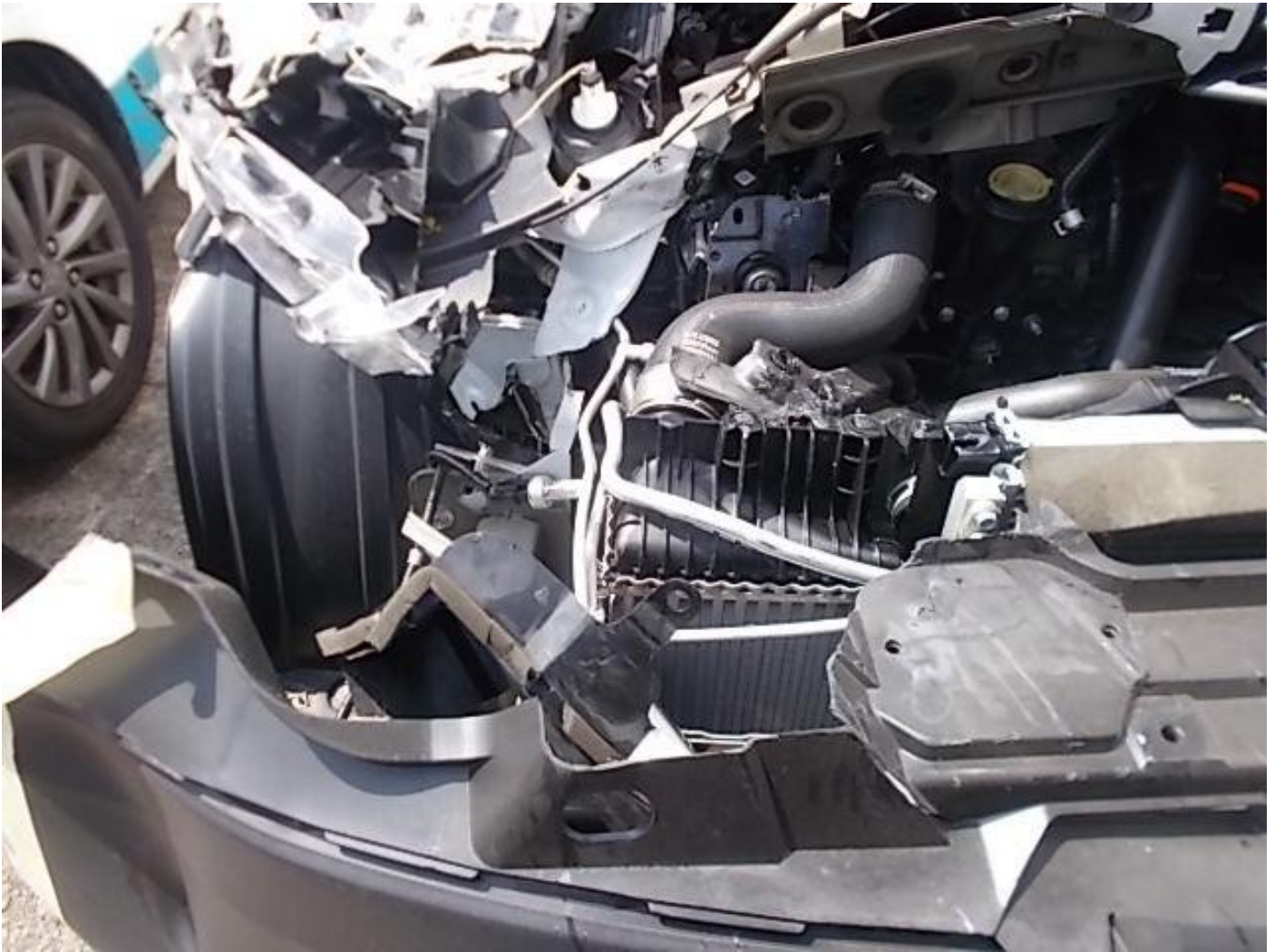
Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



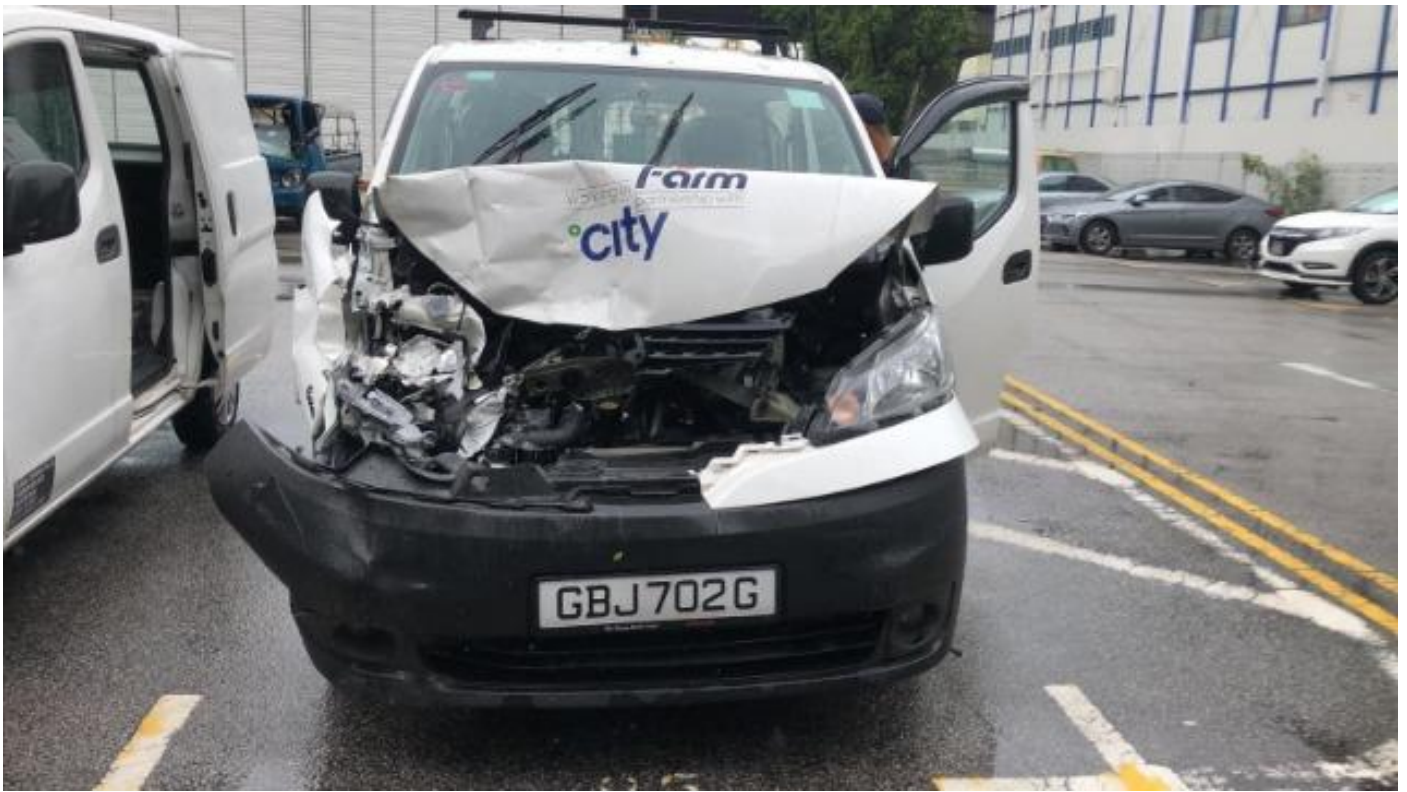


Accident Photo





Accident Photo



## Identification Card

