

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	04/07/2019 14:55
Date Of Accident	29/06/2019 12:20
Exact Location Of Accident	CHOA CHU KANG DR SHELL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR3168S
Insured/Policyholder	
Name Of Registered Owner	BS CAR RENTAL PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81450033

Vehicle Particulars

Manufacturer	MAZDA
Model	-
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 HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994153
Cover Note Number	-

Driver

Name of Driver	HERIYANTI BINTE KHALID
NRIC No	S8510437C
Date Of Birth	17/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	27/08/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85107415
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 461A YISHUN AVE 6 #05-1023
Postcode	761461
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 - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : CAHAYA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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	SHA2135G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 HERIYANTI BINTE KHALID

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SJR3168S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CAHAYA

Approximate Age

Injuries Sustain BACK

Injured person in which vehicle? SJR3168S

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE


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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.

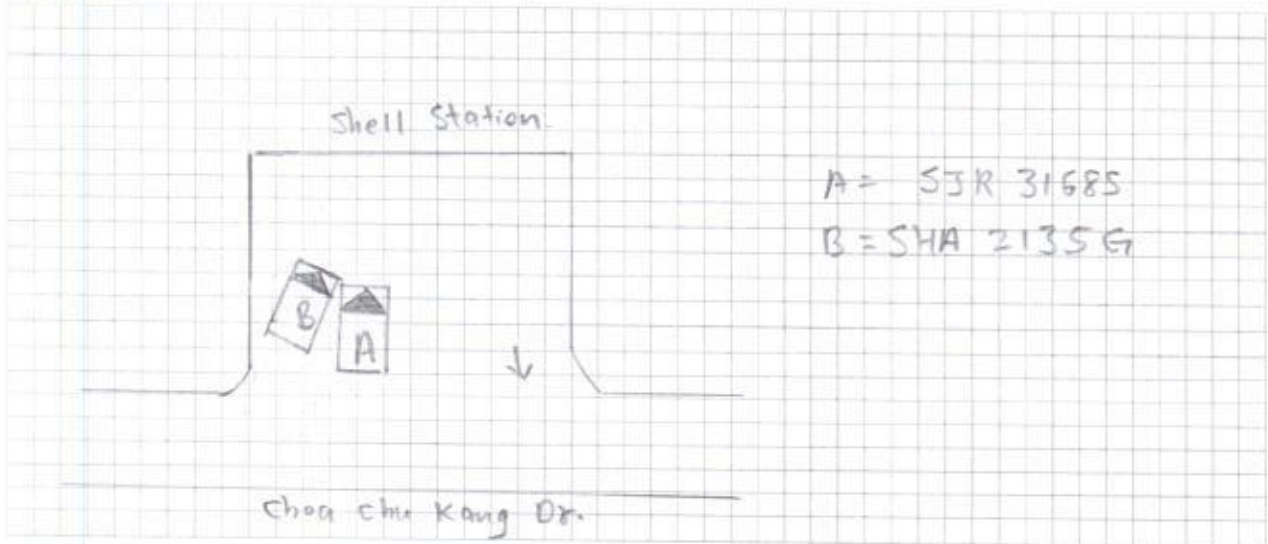


Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 28 / 6 / 19 (DD/MM/YYYY), TIME: 12:20 (HH:MM)

LOCATION: Chang chu kang school station.

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJR 3168S
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private Use.
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE THIRD PARTY CLAIM / REPORTING ONLY

2. INSURED / POLICY HOLDER

- A) NAME: BS car rental. (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8145 0033
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: Heriyanto benec khalid (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 8510 7415
c) ADDRESS: _____

*d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

a) VEHICLE NUMBER: SHA 2135G. MODEL: _____

b) DRIVER'S NAME: _____

c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

d) VEHICLE NUMBER: _____ MODEL: _____

e) DRIVER'S NAME: _____

f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

waiting police report

Email =

fax =

video = No.

No of passenger
(including driver)

(2)

Caraya - F

No of passenger
(including driver)

()

No of passenger
(including driver)

()



SINGAPORE POLICE FORCE



T/20190704/2051

1 of 3

Report No. T/20190704/2051

Police Station Of Origin:
Ang Mo Kio North N.P.C
11 Ang Mo Kio Avenue 9 SINGAPORE
508784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2019 12:43	Vide Report No.:	Station Diary No.: 34
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Informant's Particulars

Name of Informant: HERIYANTI BINTE KHALID		Address: APT BLK 461A YISHUN AVENUE 6 #05-1023 SINGAPORE 761461	
ID Type / ID No.: NRIC NO / S8510437C		Contact No.: Home/Office: Mobile: 85107415	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 34	Date of Birth: 17/04/1985	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: DELIVERY DRIVER.		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

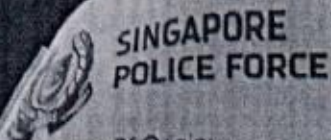
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/06/2019 12:20	Type of Location:
Location: Along Road 1 CHOA CHU KANG DRIVE SHELL petrol kiosk* service road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA2135G	Car				Slightly Damaged	0
SJR3168S	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20190704/2051

2 of 2

Report No. T/20190704/2051

CONTINUATION OF REPORT

Driver			
Name	ABDULLAH BIN TASNAN	ID No.	S1368562B
Related Vehicle	SHA2135G (Car)	Contact No.	97534897
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	HERIYANTI BINTE KHALID	ID No.	S8510437C
Related Vehicle	SJR3168S (Car)	Contact No.	85107415
Hospital/Clinic	UNIHEALTH CLINIC BEDOK	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	03/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 29/06/2019 at or about 1220hrs, I just drove into SHELL Choa Chu Kang when suddenly one motor-taxi drove off from stationary position near the petrol kiosk service road entrance and hit onto my car. I was driving at a very low speed when the said accident happened. The said taxi's right-hand side hit onto my car's left-hand side. The taxi's front right bumper came off slightly whereas my left headlight broke and there were scratches on my front left bumper. My said bumper was slightly dislodged but did not come off. Both myself and the other driver alighted from our cars and exchanged particulars and contact number with each other. At that point of time, neither myself nor my passenger experienced any bodily pain or discomfort. A few days after the accident then my passenger and I started feeling back pain sprain. Both of us sought outpatient treatment at a clinic in Bedok and was given 3-days MC.

My car is not installed with any driving cameras. I am sure that there is SHELL CCTV overlooking the accident location. I am not sure if the taxi is installed with any driving cameras or not.

Both our cars were able to be driven off after the said accident.



**SINGAPORE
POLICE FORCE**



T/20190704/2051

3 of 3

Report No: T/20190704/2051

Station Of Origin:
Mo Kio North N.P.C
Ang Mo Kio Avenue 9 SINGAPORE
764
No. 1800-4849999

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 /

SI MOHAMMED BIN ZAINOL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/07/2019 12:43

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404



Classification Of Case:

SM 036

Authentication Stamp

NP168

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8510437C



Name
HERIYANTI BINTE KHALID

هاريانتي بنت خاليد

Race
MALAY

Date of birth
17-04-1985

Sex
F

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
S8510437C

HERIYANTI BINTE KHALID

Birth Date: 17 Apr 1985

Issue Date: 04 Jul 2016

0028200790



3976680



NRIC No: S8510437C



Date of issue
01-12-2006

APT BLK 481A YISHUN AVENUE 8 #05-1023
SINGAPORE 781481

NRIC No: S8510437C Date: 03/06/2019


YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg 27 Aug 2012

NP 428A

Licence No: S8510437C



**CERTIFICATE OF INSURANCE**

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.400

TPFT Commercial Motor

CERTIFICATE NO.

999994153

(The below excess is subject to GST)

POLICY EXCESS

S\$2,000.00 (II)

WINDSCREEN EXCESS

-

SUM INSURED

Market Value

INSURING WITH COE/PARF

Yes

SJR3168S

BS Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.**2) NAME OF POLICYHOLDER****3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE
FOR THE PURPOSES OF THE ACT**

04 June 2019

4) DATE OF EXPIRY OF INSURANCE

01 April 2020

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Insured's order or with their permission.
Driver must hv at least 2 years DE. For Driver age <23 or >65 Sect II Excess is \$3000,\$5000(Outside Singapore).

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6) LIMITATION AS TO USE*

- 1) Use for social, domestic, pleasure purposes and business purposes of Insured
- 2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.
- 3) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.

The Policy does not cover: 1) Use for tuition, driving test, racing, pace-making, reliability trial or speed-testing. 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 3) Use for any purpose in connection with the Motor Trade.

LOSS OF USE

Not Included

HIRE PURCHASE COMPANY

Teck Wei Credit Pte Ltd

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third- Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Issued in Singapore 20 Jun 2019

AIG Asia Pacific Insurance Pte. Ltd.

0691991-000

Moh Kok Heng

78 Shenton Way #07-16

SINGAPORE 079120

ORIGINAL

AUTHORISED REPRESENTATIVE

SSPTKY