

## 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              |
| <b>Insured/Policyholder</b> |                       |
| 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<br>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                    | <b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 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

## Accident Sketch Plan

### SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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.



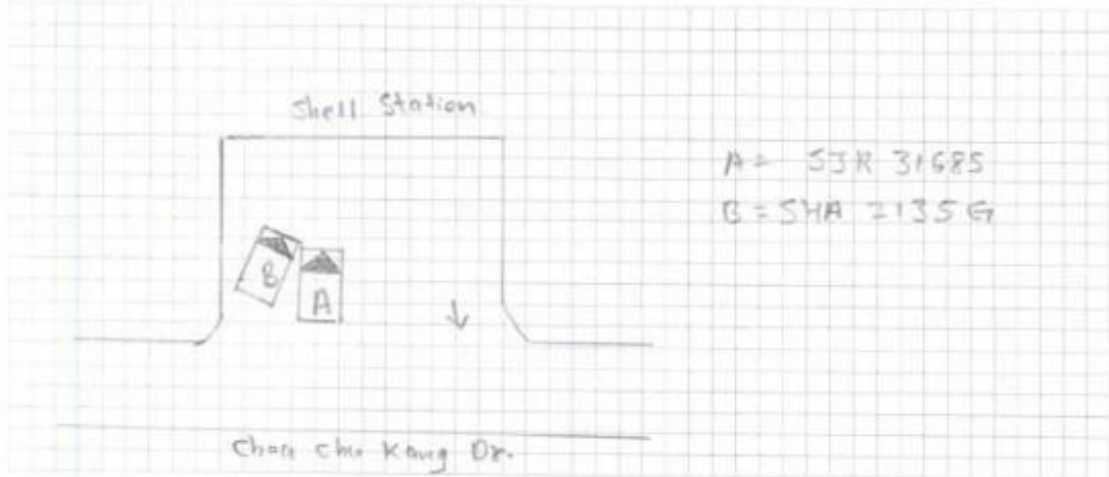
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190704/2051

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
699784  
Tel No: 1800-4849999

1 of 3  
Report No. T/20190704/2051

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>04/07/2019 12:43 | Vide Report No.: | Station Diary No.:<br>34 |
|--|------------------|--------------------------|

**Informant's Particulars**

|  |            |   |                              |
|--|------------|---|------------------------------|
| Name of Informant:<br>HERIYANTI BINTE KHALID |            | Address:<br>APT BLK 461A YISHUN AVENUE 6 #05-1023 SINGAPORE<br>781461 |                              |
| ID Type / ID No.:<br>NRIC NO / S8510437C     |            | Contact No.:<br>Home/Office: Mobile: 85107415                         |                              |
| Nationality:<br>SINGAPORE CITIZEN            |            | Email:  |                              |
| Sex:<br>Female                               | Age:<br>34 | Date of Birth:<br>17/04/1985  | Type of Informant:<br>Driver |
| Race:<br>Malay                               |            | Language:<br>English  | Institution / School Name:   |
| Occupation:<br>DELIVERY DRIVER.              |            | Driving Licence Information:<br>Class: 3A Date of Expiry:             |                              |

**General Information of the Accident**

|  |               |                                    |  |                                     |
|--|---------------|------------------------------------|--|-------------------------------------|
| Type of Accident:  | Injury Others | Drink Drive:<br>No                 | Date/Time of Accident:<br>29/06/2019 12:20 | Type of Location:                   |
| Location:<br>Along Road 1<br>CHOA CHU KANG DRIVE<br><br>SHELL petrol kiosk' service road |               |                                    |  |                                     |
| Weather:<br>Clear  |               | Road Surface:<br>Dry               | Road Speed Limit:                          |                                     |
| Traffic Flow:  |               | Traffic Control:<br>Not Controlled | Traffic Volume:                            |                                     |
| Type of Collision:<br>Between Moving Vehicles - Side Swipe - Same Direction              |               |                                    |  | Anyone conveyed by ambulance:<br>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     |  | Use of Pedestrian Crossing: NA |
| No. of Pedestrians Injured: NIL |  |                                |



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
589784  
Tel No: 1800-4849999

Report No. T/20190704/2051

2 of 3

CONTINUATION OF REPORT

|                                   |                        |  |                                   |
|-----------------------------------|------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                        |  |                                   |
| Name                              | ABDULLAH BIN TASDAN    | ID No.                                 | S1368562B                         |
| Related Vehicle                   | SHA2135G (Car)         | Contact No.                            | 97534897                          |
| Hospital/Clinic                   | NIL                    | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                    | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | NIL                               |
| <b>Driver</b>                     |                        |  |                                   |
| 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<br>Date of Expiry: NIL  |
| Date Treatment                    | 03/07/2019             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                    | Degree of Injury                       | Slight                            |



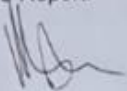

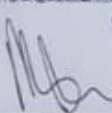

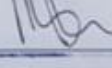
**Brief Details.**

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.

POLICE REPORT

|   |  |
|---|--|
|  <b>SINGAPORE<br/>POLICE FORCE</b><br><br>Station Of Origin:<br>Mo Kio North N.P.C<br>Ang Mo Kio Avenue 9 SINGAPORE<br>784<br>No: 1800-4849999 | <br>T/20190704/2051  |
| 3 of 3<br>Report No: T/20190704/2051  |  |
| CONTINUATION OF REPORT  |  |
| <b>Sketch Plan</b><br>Informant is not able to provide sketch plan  |  |
| <b>IMPORTANT:</b> 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 <u>report number</u> as reference.     |  |
| Signature Of Officer Recording The Report:<br>F /<br>SI MOHAMMED BIN ZAINOL    | Signature Of Informant:<br>  |
| Signature Of Interpreter:<br>Not applicable   | Date/Time:<br>04/07/2019 12:43   |
| Officer In Charge Of Case:<br>TP / AEIT /<br>SSI 2 YEO GEAK ENG CECILIA<br>Contact No.: 65476404  | Classification Of Case:<br> SM 006   |
| Authentication Stamp<br>NP158   | <br>Signature: <br>Singapore Police Force |



## Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8510437C



Name  
HERIYANTI BINTE KHALID

هارينتي بنت خالد

Race:  
MALAY

Date of birth: 17-04-1985 Sex: F

Country of birth:  
SINGAPORE

3976880

REPUBLIC OF SINGAPORE DRIVING LICENCE

S8510437C

HERIYANTI BINTE KHALID

Full Name: 17 Apr 1985

Issue Date: 04 Jul 2015

002020079D

3976880

NPIC No: S8510437C

Date of issue: 01-12-2006

APT BLK 481A YISHUN AVENUE 6 #05-1023  
SINGAPORE 761481

NPIC No: S8510437C Date: 03/08/2019

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 426A

Licence No: S8510437C

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

