

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	18/03/2019 14:10
Date Of Accident	16/03/2019 12:30
Exact Location Of Accident	BKE TOWARDS WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9322L
Insured/Policyholder	
Name Of Registered Owner	ABDUL HAMID KHAN S/O ABDUL MAJEED
NRIC No	S1703475H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88184439
Alternative Phone No	Others-88184439

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	1800109169
Cover Note Number	

Driver

Name of Driver	MUHAMAD IMRAN KHAN BIN ABDUL HAMID KHAN
NRIC No	S9626591C
Date Of Birth	29/07/1996
Occupation	INDOOR
Date Of Driving Pass	02/06/2016
Driving Experience	2 YEARS AND 9 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-88184439
Fax Number	
Contact Number	
EMail Address	IMRANKHAN_BADMINTON@HOTMAIL.COM
Address	BLK 319A ANCHORVALE DRIVE #14-70
Postcode	541319
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	YES
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: : NUR INSYIRAH KHAN BTE ABDUL HAMID KHAN Gender: : Female

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHMENT

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	FBM4088D
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

RAZI

NRIC/Passport Number

Contact Number

92388837

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

RAZI

Approximate Age

Injuries Sustain

MULTIPLE ABRASIONS

Injured person in which vehicle?

FBM4088D

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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.



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.:

BKE towards Woodlands Checkpoint

The diagram shows a road with two lanes. A solid line is at the top, a dashed line is in the middle, and a solid line is at the bottom. Two arrows point right above the dashed line. At the junction, a box labeled 'A' is labeled 'stationery' and a box labeled 'B' is moving right.

Refer to Police Report

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

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



Police Report



**SINGAPORE
POLICE FORCE**



T/20190316/2088

Police Station Of Origin:

Punggol N.P.C

21A Tebing Lane SINGAPORE 828837

Tel No: 1800-6049999

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Report No. T/20190316/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2019 14:39		Vide Report No.: L/20190316/0110	Station Diary No.: 62
Informant's Particulars			
Name of Informant: MUHAMAD IMRAN KHAN BIN ABDUL HAMID KHAN		Address: APT BLK 319A ANCHORVALE DRIVE #14-70 SINGAPORE 541319	
ID Type / ID No.: NRIC NO / S9626591C		Contact No.: Home/Office: Mobile: 88184439	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 29/07/1996	Type of Informant: Driver
Race: Javanese-Indian		Language: English	Institution / School Name:
Occupation: ATHLETE		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/03/2019 12:30	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY towards Woodlands Checkpoint, near 9KM				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4088D	Motorcycle					0
SMD9322L	Car	MITSUBISHI	ATTRAGE 1.2 CVT	Red		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMD9322L	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800109169	10/09/2018	09/09/2020

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-8049999



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Report No. T/20190316/2088

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	RAZI	ID No.	NIL
Related Vehicle	FBM4088D (Motorcycle)	Contact No.	92388837
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	MUHAMAD IMRAN KHAN BIN ABDUL HAMID KHAN	ID No.	S9626591C
Related Vehicle	SMD9322L (Car)	Contact No.	88184439
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/03/2019 at about 1230hrs, I was travelling along BKE towards Woodlands Checkpoint on the 2nd most right lane. It was a heavy traffic and all vehicles were moving slowly. As the right most lane was cleared up, I had proceeded to switch lane to the right and my front portion had already entered the lane when I felt an impact from the right portion of my vehicle. I then discovered that a motorist had hit onto my vehicle and thus I had stopped to make a check whilst the other road users had called for Ambulance. The rider was then conveyed to hospital. My vehicle has an in-car camera and the SD card has been handed over to Traffic Police on scene. The witness namely Daniel Aye H/p: 92329033 came forth and his SD card was also handed over. That is all.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20190316/2088

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Report No. T/20190316/2088

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 / Staff Sgt MOHAMAD RADZIF BIN MOHAMAD SALEH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/03/2019 14:39
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251	Classification Of Case:
Authentication Stamp NP165	SN 165 Singapore Police Force

Identification Card

