

## 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	18/07/2019 15:49
Date Of Accident	17/07/2019 14:15
Exact Location Of Accident	BKE TOWARDS SLE (SLIP ROAD)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA7308U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION ED PTE LTD
Co Reg No	201314301M
Email Address	SIVASILANCY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91805554
Alternative Phone No	OFFICE-67023360

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X (A)
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	999994436/100855731-00000
Cover Note Number	

### Driver

Name of Driver	SEBASTIANE SELVANATHAN
NRIC No	S7368454D
Date Of Birth	23/07/1973
Occupation	INDOOR
Date Of Driving Pass	27/02/1998
Driving Experience	21 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91805554
Fax Number	
Contact Number	OFFICE-67023360
E-Mail Address	SIVASILANCY@HOTMAIL.COM

Address	BLK 113 TAO CHING ROAD #02-15
Postcode	610003
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 158 YUNG LOH ROAD , <b>POSTCODE:</b> 610158 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2659999 - <b>FAX NO:</b> 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190718/2089

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBM4590U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD AZRI BIN AZHARI
NRIC/Passport Number	T0022231Z
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

**DETAILS OF INJURED PERSON 1**

Name

MUHAMMAD AZRI BIN AZHARI

Approximate Age

Injuries Sustain

SLIGHT INJURY

Injured person in which vehicle?

FBM4590U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

Veh A:  
Veh B:

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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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS

DANDELION ED PTE LTD  
ROC: 201314301M

Policyholder's Signature  
Date & Time:

*Signature*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 18/07/2019

10:47 AM

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

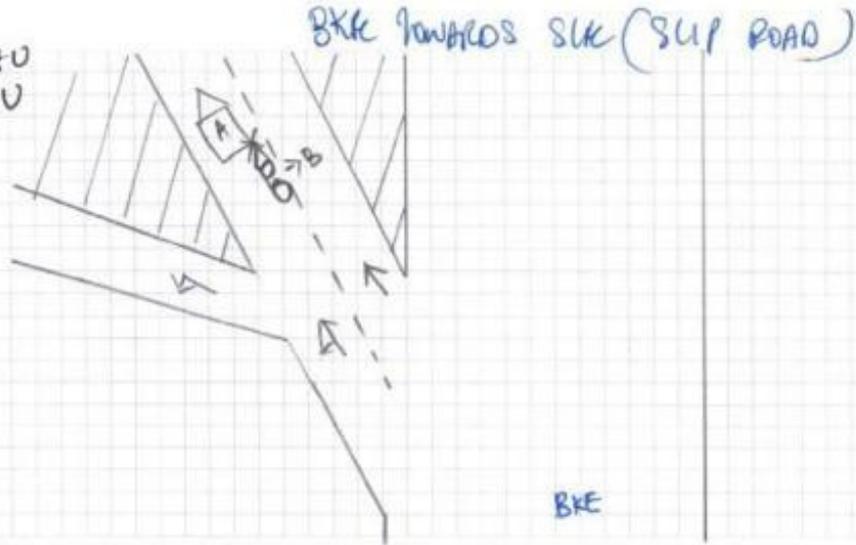
*Signature* 18/07/2019  
*Reda Khatib*

Accident Sketch Plan

SKETCH PLAN

Veh A: SLA 7308U

Veh B: FBM 4590U



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i travelling along BKE Towards SLE at Slip Rd.  
 Suddenly a motorbike collided to my rear of vehicle.

Police Report T/20190718/2019

DECLARATION

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

DANDELION ED PTE LTD  
 ROC: 201314301M

Policyholder's Signature  
 Date & Time:

*Signature*

Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 18/07/2019  
 10:47 AM

Reporting Centre Personnel's Signature  
 Name:

NRIC/FIN No.:

*Signature*  
 18/07/2019  
*Signature*

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190718/2089

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

1 of 3  
Report No. T/20190718/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/07/2019 14:01	Vide Report No.:	Station Diary No.: 25
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Informant's Particulars			
Name of Informant: SEBASTIANE SELVANATHAN		Address: APT BLK 113 TAO CHING ROAD #02-15 SINGAPORE 610113	
ID Type / ID No.: NRIC NO / S7368454D		Contact No.: Home/Office: Mobile: 91805554	
Nationality: INDIAN		Email:	
Sex: Male	Age: 45	Date of Birth: 23/07/1973	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: EQUIPMENT MANAGER		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/07/2019 14:15	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAH EXPRESSWAY SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4590U	Motorcycle				Slightly Damaged	1
SLA7308U	Car				Slightly Damaged	1

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190718/2089

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20190718/2089

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD AZRI BIN AZHARI	ID No.	T0022231Z
Related Vehicle	FBM4590U (Motorcycle)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	SEBASTIANE SELVANATHAN	ID No.	S7368454D
Related Vehicle	SLA7308U (Car)	Contact No.	91805554
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 17/7/19, around 1415hrs, I was travelling along BKE towards SLE in my V1) SLA7308U, when suddenly V2) FBM4590U collided into the rear of V1. The rider of V1 was injured and conveyed to hospital via ambulance. Traffic Police attended to us. I have both front and rear dash cams and I have footage of both cameras.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190718/2089

Police Station Of Origin:  
Jurong NPP  
158 Yung Loh Road #01-58 SINGAPORE  
610158  
Tel No: 1800-2659999

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Report No. T/20190718/2089

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/ Staff Sgt MUHAMMAD ZHARIF BIN ZAINUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2019 14:01
Officer In Charge Of Case: TP / GIT / Sgt 2 HO JIEKANG, IVAN Contact No.: 65476170	Classification Of Case:
Authentication Stamp  Signature : _____ Singapore Police Force	SN 124

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

CLASS	VEHICLE CLASSIFICATION	EFFECTIVE DATE
Class 3	Motor cars with unladen weight >= 2000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight >= 2000kg	27 Feb 1998
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2000kg	26 Jul 2009
Class 5	Motor vehicles which are not constructed to carry load or passengers and the unladen weight > 2000kg	15 Nov 2010

**For LKK/NAC Use Only**



MP 4284

