

## 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	22/07/2019 18:05
Date Of Accident	20/07/2019 15:45
Exact Location Of Accident	OUTRAN ROAD TOWARDS CANTONMENT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5211L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DANDELION MOYEU PTE LTD
Co Reg No	201314301M
Email Address	ADDSAN07@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97650336
Alternative Phone No	OFFICE-67023360

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN-1.4 TSI (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	999994431/100864549-00000
Cover Note Number	

### Driver

Name of Driver	AHMAD SAMSUDIN BIN MAKMOER
NRIC No	S1694135B
Date Of Birth	21/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1989
Driving Experience	29 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97650336
Fax Number	
Contact Number	OFFICE-67023360
EEmail Address	ADDSAN07@YAHOO.COM.SG

Address	BLK 284 CHOA CHU KANG AVENUE 3 #06-328
Postcode	680284
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	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?	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)	6
Passenger 1	NAME: : TOURIST GENDER: : MALE
Passenger 2	NAME: : TOURIST GENDER: : FEMALE
Passenger 3	NAME: : TOURIST GENDER: : FEMALE
Passenger 4	NAME: : TOURIST GENDER: : FEMALE
Passenger 5	NAME: : TOURIST GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	<b>ROAD:</b> 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190721/2112

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR434U  
Vehicle Make/Model/Colour MERCEDES BENZ  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver JESSICA CHUA XIN NI  
NRIC/Passport Number S9034439J  
Contact Number 97294107  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 2  
Passenger 1  
NAME: :  
GENDER: :

#### DETAILS OF INJURED PERSON 1

Name AHMAD SAMSUDIN BIN MAKMOER  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? SGT5211L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

Veh A: SGT 5211 L  
Veh B: SLR 434 U

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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.

I AM AWARE 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 MOYEU PTE LTD**  
**ROC NO : 201230264N**

Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 22/7/19 @ 10:15h

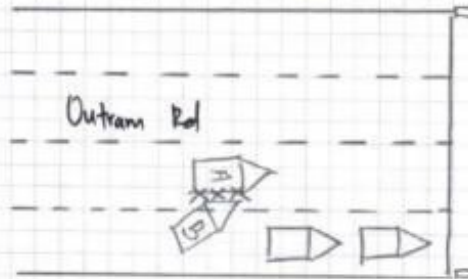
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No:

# Accident Sketch Plan

## SKETCH PLAN

Veh A: SGT 5011 L

Veh B: SLR 434U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer Police Report No. T/20190721/2112

## DECLARATION

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

**DANDELION MOYEU P.**  
**ROC NO : 201230264N**

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 22/7/19 01015h.

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190721/2112

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190721/2112

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/07/2019 22:55		Vide Report No.:		Station Diary No.: 142	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD SAMSUDIN BIN MAKMOER			Address: APT BLK 284 CHOA CHU KANG AVENUE 3 #06-328 SINGAPORE 680284		
ID Type / ID No.: NRIC NO / S1694135B			Contact No.: Home/Office: Mobile: 97650336		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 21/05/1965	Type of Informant: Driver		
Race: Javanese			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/07/2019 15:45	Type of Location: X-Junction
Location: Along Road 1 NEW BRIDGE ROAD				
Junction of Police Cantonment Complex				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
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
SGT5211L	Car				Slightly Damaged	5
SLR434U	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/20190721/2112

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20190721/2112

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	AHMAD SAMSUDIN BIN MAKMOER		ID No. S1694135B
Related Vehicle	SGT5211L (Car)		Contact No. 97650336
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/07/2019	Date Discharge	21/07/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	JESSICA CHUA XIN NI		ID No. S9034439J
Related Vehicle	SLR434U (Car)		Contact No. 97294107
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

### Brief Details.

On 20/07/2019 at 1540hrs, I was driving 5 of my passengers along Outram Road. At about 1545hrs, when I was driving along lane 2 towards the junction near to Police Cantonment, I felt an impact coming from the right side of my vehicle which resulting me stopping at the traffic light. Subsequently, I went down to make a check and discovered the vehicle SLR434U collided into the right side of my vehicle. At that point of time there were no one injurie. We came into a agreement to settle with respective insurance company. The driver SLR434U admitted of not seeing my vehicle and as such she drove into my lane resulting to the accident. However on the next day, I felt pain and numbness on my left neck, hand and hip. Immediately, I proceeded to Ng Teng Fong Hospital and was given 7 days MC.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190721/2112

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No: T/20190721/2112

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:

Sgt 2 JASON TAY MING HUI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Signature Of Informant:

Date/Time:

21/07/2019 22:55

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





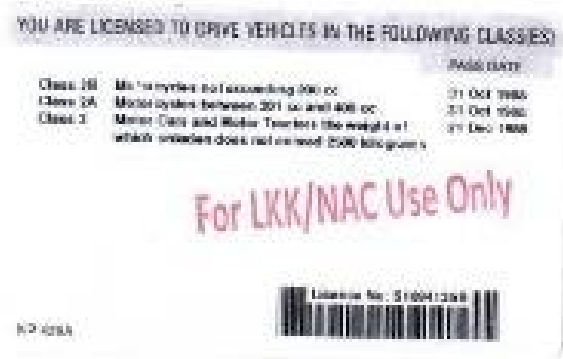
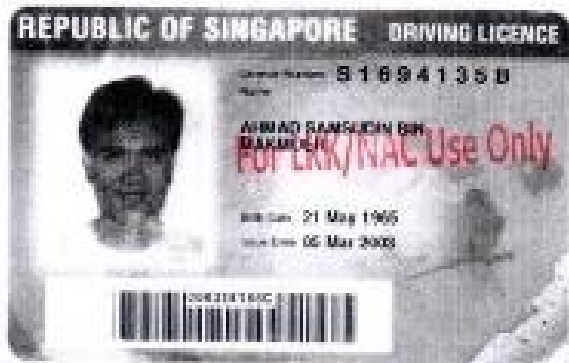
Accident Photo



Accident Photo



## Identification Card





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048560  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S66330020 / GST Reg. No: M400017733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA418095932 Vehicle Registration No: SG1 5211L  
Name (as shown in NRIC): AAMAD SAMADANI BIN MAISMAH NRIC/PIN/Passport No: S1694135B  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 976610336  
Email Address: \_\_\_\_\_  
Date of Accident: 20/07/2019 Time of Accident: 15:45  
Place of Accident: EUPROM ROAD TOWARDS GARDENWAY ROAD  
Insurance Company: AIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

NO VIDEO FOOTAGE IN THE VEHICLE.

Policyholder / Driver's Signature  
Date:

24/07/2019  
Reporting Centre Personnel's Signature  
Name: Rohit Gupta  
NRIC/FIN No.:  
Date: